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### **FEC** FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

Check if different than previously reported. (ACC)    April 15	TOKWI OX	For Other Than An Au	tnorized Committee	Office Use Only
ADDRESS (number and street)  Check if different than previously reported. (ACC)  Check if different than previously reported. (ACC)  2. FEC IDENTIFICATION NUMBER   C C00637645  3. IS THIS   NEW   REPORT   (N)   OR   AMENDED  AMENDED  4. TYPE OF REPORT   (D) Monthly   Feb 20 (M2)   May 20 (M5)   Aug 20 (M6)   Nov 20 (M11)   Nov 10 (M11		TYPE OR PRINT ▼		12FE4M5
ADDRESS (number and street)  Chock if different than previously reported. (ACC)  Chock if different than previously reported. (ACC)  Mattituck  C C00637645  3. IS THIS NEW REPORT (N) OR X (A)  4. TYPE OF REPORT (D) Monthly Report (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X October 15 Quarterly Report (Q2) X Quarterly Report (Q3) January 31 Yes-End Report (YE) July 31 Mid-Year Report (Non-election Year-End Report (YE) July 31 Mid-Year Report (Non-election Year-End Report (YE) State of Termination Report (TER)  5. Covering Period  7. 2018  Certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  Ervin, Robert, Francis.  Election may subject the person signing this Report to the penalties of 52 U.S.C. § 3010  Office  FEC FORM 3X	Taking Action For Suf	folk County		
ADDRESS (number and street)  Chock if different than previously reported. (ACC)  Chock if different than previously reported. (ACC)  Mattituck  C C00637645  3. IS THIS NEW REPORT (N) OR X (A)  4. TYPE OF REPORT (D) Monthly Report (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X October 15 Quarterly Report (Q2) X Quarterly Report (Q3) January 31 Yes-End Report (YE) July 31 Mid-Year Report (Non-election Year-End Report (YE) July 31 Mid-Year Report (Non-election Year-End Report (YE) State of Termination Report (TER)  5. Covering Period  7. 2018  Certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  Ervin, Robert, Francis.  Election may subject the person signing this Report to the penalties of 52 U.S.C. § 3010  Office  FEC FORM 3X				
than previously reported. (ACC)  2. FEC IDENTIFICATION NUMBER   C C C00637645  3. IS THIS NEW (N) OR	ADDRESS (number and street)	P.O. Box 798		
2. FEC IDENTIFICATION NUMBER V  C C C00637645  3. IS THIS REPORT (N) OR X AMENDED  (A) TYPE OF REPORT (Choose One)  (B) Monthly Report (Choose One)  (C) Cuarterly Reports:  April 15 Cuarterly Report (O1) Cuarterly Report (O2) April 15 Cuarterly Report (O2) Cotober 15 Cuarterly Report (O2) X October 15 Cuarterly Report (O3) January 31 Year-End Report (VE) July 31 Mit-Year Report (Non-election Year Only) (MY) Report (O3) Feb 20 (M2) X October 15 Cuarterly Report (O3) January 31 Year-End Report (VE) July 31 Mit-Year Report (Non-election Year Only) (MY) Report (N) Rep				
A. TYPE OF REPORT (Choose One) (a) Quarterly Reports:  April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X Quarterly Report (Q3) January 31 Report Report (Non-election Report (Non-election Report for the:    Quarterly Report (Q2)   Quarterly Report (Q3)   January 31   Year-End Report (Non-election Report (TER)   July 31 Mid-Year Report (Non-election Report for the:   Quarterly Report (Q3)   January 31   Year-End Report (Non-election Report (TER)   July 31 Mid-Year Report (Non-election Report for the:   Quarterly Report (Q3)   January 31   Year-End Report (Non-election Report of the:   Quarterly Report (Q3)   January 31   Year-End Report (Non-election Report of the:   Quarterly Report (Q3)   January 31   Year-End Report (Non-election Report of the:   Quarterly Report (Q3)   January 31   Year-End Report (Non-election Report of the:   Quarterly Report (Q3)   January 31   Year-End Report (Non-election Report of the:   Quarterly Report (Q3)   January 31   Year-End Report (Non-election Report of the:   Quarterly Report (Q3)   January 31   Year-End Report (Non-election Report of the:   Quarterly Report (Q3)   January 31   Year-End Report (Non-election Non-election (12C)   Special (12S)   Special (12S)   Special (12S)   Special (12S)   Special (12S)   Special (12S)   Special (10S)   Spe	than previously reported. (ACC)	Mattituck		NY 11952
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:    April 15	2. FEC IDENTIFICATION N	IUMBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
(Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1)  July 15 Quarterly Report (Q2)  X October 15 Quarterly Report (Non-election Report for the:  Convention (12C)  Primary (12P)  PRE-Election Report (Non-election Report (O2)  Apr 20 (M4)  July 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  PRE-Election Report for the:  Convention (12C)  Special (12S)  Coularterly Report (Non-election Report for the:  Convention (12C)  Special (12S)  Fee 20 (M9)  Quarterly Report (Q2)  Runoff (12R)  Runoff (12R)  PRE-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)  Runoff (30R)  Special (30S)  Special (30S)  Feorify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  Ervin, Robert, Francis, .  Fervin, Robert, Francis, .  Fervin, Robert, Francis, .  Fervin, Robert, Francis, .  Fervin Robert to the penalties of 52 U.S.C. § 3010  Office  Office  FEC FORM 3X	C C00637645			1.0
(a) Quarterly Reports:    Mar 20 (M3)		Report	b 20 (M2) May 20 (M	(Non-Election Year Only)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2)  Cotober 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)  Covering Period  Termination Report  Te	(a) Quarterly Reports:	Ma		(Non-Election Year Only)
July 15 Quarterly Report (Q2)  Cotober 15 Quarterly Report (Q3)  January 31 Year-End Report (YE)  July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)  Termination Report (TER)  Covering Period  Termination Report (TER)  Termination (T			r 20 (M4) Jul 20 (M7	7) Oct 20 (M10) Jan 31 (YE)
October 15 Quarterly Report (Q3)  January 31 Year-End Report (YE)  July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)  Termination Report (TER)  Covering Period  Termination Report  Termination Rep	July 15	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
January 31 Year-End Report (YE)  July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)  General (30G)  Runoff (30R)  Special (30S)  Report for the:  Election on  M. M	October 15	Report for the:	Convention (12C)	Special (12S)
July 31 Mid-Year Report (Non-election Year Only) (MY) Report (Non-election Year Only) (MY) Termination Report (TER)  Special (30S) Report for the:  Election on  Election on  Election on  General (30G) Runoff (30R) Special (30S) Runoff (30R) Special (30S)  Report for the:  Election on  I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  Ervin, Robert, Francis, ,  [Electronically Filed]  NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 3010  FEC FORM 3X	January 31			111 (110
Termination Report (TER)  Report for the:  Election on  State of  5. Covering Period  O7  O1  2018  Through  O9  30  2018  Toertify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ervin, Robert, Francis, .  Type or Print Name of Treasurer  Ervin, Robert, Francis, .  [Electronically Filed]  Date  Office  Office  Use  Office  Use  FEC FORM 3X	July 31 Mid-Year Report (Non-electi	(d) 30-Day		
Election on  Election on  State of  Towns and to the best of my knowledge and belief it is true, correct and complete.  Ervin, Robert, Francis, ,  Ervin, Robert, Francis, ,  [Electronically Filed]  Date  MMMM / DD / YYYYYY  In the State of  State of  Type or Print Name of Treasurer  Ervin, Robert, Francis, ,  [Electronically Filed]  Date  MMMM / DD / YYYYY  Electronically Filed]  Date  MMMM / DD / YYYYY  Electronically Filed]  Date  FEC FORM 3X				
5. Covering Period 07 01 2018 through 09 30 2018  I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ervin, Robert, Francis, ,  Type or Print Name of Treasurer  Signature of Treasurer  Ervin, Robert, Francis, ,  [Electronically Filed] Date 11 01 2018  NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 3010				iii tiio
Type or Print Name of Treasurer  Ervin, Robert, Francis, ,  [Electronically Filed] Date 11 01 2018  NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 3010	5. Covering Period			
Type or Print Name of Treasurer  Signature of Treasurer  Ervin, Robert, Francis, [Electronically Filed]  NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 3010  FEC FORM 3X	I certify that I have examined t	his Report and to the best o	f my knowledge and belief it is	true, correct and complete.
Signature of Treasurer  [Electronically Filed]  Date  11  01  2018  NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 3010  Office  I ligo	Type or Print Name of Treasur			
Office I Iso	Signature of Treasurer	in, Robert, Francis, ,	[Electronically Filed]	
.	NOTE: Submission of false, erro	neous, or incomplete information	on may subject the person signin	g this Report to the penalties of 52 U.S.C. § 30109
Only Rev. 05/2016	Use			FEC FORM 3X Rev. 05/2016

### SUMMARY PAGE

FEC Form 3X (Rev. 05/2016) Page 1										
Wri	te or Type Committee Name									
Ta	aking Action For Suffolk County	,								
Rep	port Covering the Period: From:	07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	To: 09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
		COLUMN A This Period	COLUMN B Calendar Year-to-Date							
6. (	a) Cash on Hand January 1, 2018		5985.29							
(	b) Cash on Hand at Beginning of Reporting Period	66772.11								
(	c) Total Receipts (from Line 19)	413963.26	525165.51							
(	d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	480735.37	531150.80							
7.	Total Disbursements (from Line 31)	120072.59	170488.02							
F	Cash on Hand at Close of Reporting Period subtract Line 7 from Line 6(d))	360662.78	360662.78							
t	Debts and Obligations Owed <b>TO</b> he Committee (Itemize all on Schedule C and/or Schedule D)	0.00								
t	Debts and Obligations Owed <b>BY</b> he Committee (Itemize all on Schedule C and/or Schedule D)	0.00								
	This committee has qualified as a mult	icandidate committee. (see FEC FORM 1M)								
		For further information contact:								
		Federal Election Commission 999 E Street, NW Washington, DC 20463								
		Toll Free 800-424-9530 Local 202-694-1100								

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### Taking Action For Suffolk County

01 2018 09 30 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 410698.53 513414.49 (i) Itemized (use Schedule A)..... 3264.73 11296.02 (ii) Unitemized ..... (iii) TOTAL (add 524710.51 413963.26 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 524710.51 413963.26 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 455.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ....... (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))....... 413963.26 525165.51 20. Total Federal Receipts 413963.26 525165.51 (subtract Line 18(c) from Line 19) .......▶

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Allocated Federal/Non-Federal     Activity (from Schedule H4)		Caronaa. Toda to bate
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		44000 5
Expenditures(c) Total Operating Expenditures	91608.15	142023.58
(add 21(a)(i), (a)(ii), and (b))▶	91608.15	142023.58
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees		
and Other Political Committees	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	27656.22	27656.22
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	808.22	808.22
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	120072.59	170488.02
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	120072.59	170488.02

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures						
3. Total Contributions (other than loans) (from Line 11(d), page 3)	413963.26	524710.51				
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00				
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	413963.26	524710.51				
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	91608.15	142023.58				
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	455.00				
8. Net Operating Expenditures (subtract Line 37 from Line 36)	91608.15	141568.58				

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Taking Action For Suffolk County Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Brennan, Susan, , , Date of Receipt Mailing Address 4 Robin Hill Lane 2018 City Zip Code State Transaction ID: SA11AI.5553 NY Saint James 11780 Amount of Each Receipt this Period FEC ID number of contributing C 209.19 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SUNY Stony Brook Professor Receipt For: Aggregate Year-to-Date ▼ Primary General 209.19 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. daniel, ana, , , Date of Receipt Mailing Address po box 146 2018 City State Zip Code Transaction ID: SA11AI.5417 NY sagaponack 11962 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Conduit: ActBlue Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** daniel, ana, , , Date of Receipt Mailing Address po box 146 13 2018 City Zip Code State Transaction ID: SA11AI.5479 NY sagaponack 11962 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit: ActBlue Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 1300.00 Other (specify) 409.19 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

TOTAL This Period (last page this line number only).....

Use separate schedule(s)

l	F	OR	LINE	NU	IMBER	:	PAGE		7	OF	70
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			13		14		15		16	;	17

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Taking Action For Suffolk County Full Name of Individual (Last, First, Middle Initial) or Full Organization Name daniel, ana, , , Date of Receipt Mailing Address po box 146 2018 13 City Zip Code State Transaction ID: SA11AI.5488 NY sagaponack 11962 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Conduit: ActBlue Receipt For: Aggregate Year-to-Date ▼ Primary General 1400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Denning, Richard, , , Date of Receipt Mailing Address 51 Tuthill Drive POB 568 2018 City State Zip Code Transaction ID: SA11AI.5462 Shelter Island NY 11964 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Shelter Island Risk Services Conduit: ActBlue consultant Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Denning, Richard, , , Date of Receipt Mailing Address 51 Tuthill Drive POB 568 28 2018 City Zip Code State Transaction ID: SA11AI.5484 NY Shelter Island 11964 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit: ActBlue Shelter Island Risk Services consultant Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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for each ca Detailed Su Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Taking Action For Suffolk County Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Denning, Richard, , , Date of Receipt Mailing Address 51 Tuthill Drive POB 568 2018 City Zip Code State Transaction ID: SA11AI.5521 NY Shelter Island 11964 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Shelter Island Risk Services consultant Conduit: ActBlue Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Friedman, Joni, , , Date of Receipt Mailing Address PO box 231 2018 City State Zip Code Transaction ID: SA11AI.5528 New suffolk NY 11956 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Conduit: ActBlue Massage Therapist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 5000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Friends of Cindy Morris Date of Receipt Mailing Address 9 Wellington Drive 16 2018 City State Zip Code Transaction ID: SA11AI.5540 NY Stony Brook 11790 Amount of Each Receipt this Period FEC ID number of contributing C 414.34 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 414.34 Other (specify) 5464.34 SUBTOTAL of Receipts This Page (optional).....

Name of Employer (for Individual)

General

Not employed

Primary

Receipt For:

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)											
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Taking Action For Suffolk County Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gill, Michael, , , Date of Receipt Mailing Address 12030 New Suffolk Ave. P.O. Box 50 2018 City Zip Code State Transaction ID: SA11AI.5514 NY Cutchogue 11935 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Conduit: ActBlue Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gordon, Diana, , , Date of Receipt Mailing Address 152 6th Street 2018 City State Zip Code Transaction ID: SA11AI.5418 NY Greenport 11944 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) none Conduit: ActBlue retired professor Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 669.94 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gotbaum, Betsy, , , Date of Receipt Mailing Address 211 Central Park west 26 2018 City Zip Code State Transaction ID: SA11AI.5448 NY New York 10024 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee.

Other (specify)												
SUBTOTAL of Receipts This Page (optional)		I	Ι	,	Ι	I	,		600	0.00		
TOTAL This Period (last page this line number	only)	_	_	7	Ξ	_	7	Ξ		~	Ξ	

Occupation (for Individual)

Not employed

Aggregate Year-to-Date ▼

Memo Item

Conduit: ActBlue

70 FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Taking Action For Suffolk County Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hemmer, F Michael, , , Date of Receipt Mailing Address 11 Overlook Lane 2018 City Zip Code State Transaction ID: SA11AI.5522 NY Sag Harbor 11963 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) F. Michael Hemmer LS P.C. Land Surveyor Conduit: ActBlue Receipt For: Aggregate Year-to-Date ▼ Primary General 325.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Hoguet, Constance M, , , Date of Receipt Mailing Address 333 East 68th Street Apt. 12 A 2018 City State Zip Code Transaction ID: SA11AI.5466 NY New York 10065 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not employed Conduit: ActBlue Not employed Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. moore, wendy, , , Date of Receipt Mailing Address 20 sterling place 02 2018 City Zip Code State Transaction ID: SA11AI.5415 NY brooklyn 11217 Amount of Each Receipt this Period FEC ID number of contributing C 3000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit: ActBlue **Brooklyn Country Day** Director Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify) 3525.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

TOTAL This Period (last page this line number only).....

Use separate schedule(s)

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Taking Action For Suffolk County Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wander, Wolfgang, , , Date of Receipt Mailing Address 19 Schooner Cove 2018 City Zip Code State Transaction ID: SA11AI.5531 NY Setauket 11733 Amount of Each Receipt this Period FEC ID number of contributing C 50000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Technical Staff** Renaissance Technologies LLC Receipt For: Aggregate Year-to-Date ▼ Primary General 130000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wander, Wolfgang, , , Date of Receipt Mailing Address 19 Schooner Cove 80 2018 City State Zip Code Transaction ID: SA11AI.5539 NY Setauket 11733 Amount of Each Receipt this Period FEC ID number of contributing 50000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Renaissance Technologies LLC **Technical Staff** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 180000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Wander, Wolfgang, , , Date of Receipt Mailing Address 19 Schooner Cove 04 2018 City State Zip Code Transaction ID: SA11AI.5559 NY Setauket 11733 Amount of Each Receipt this Period FEC ID number of contributing C 50000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Renaissance Technologies LLC **Technical Staff** Receipt For: Aggregate Year-to-Date ▼ Primary General 230000.00 Other (specify) 150000.00 SUBTOTAL of Receipts This Page (optional).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Taking Action For Suffolk County Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wander, Wolfgang, , , Date of Receipt Mailing Address 19 Schooner Cove 2018 City Zip Code State Transaction ID: SA11AI.5552 NY Setauket 11733 Amount of Each Receipt this Period FEC ID number of contributing C 250000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Renaissance Technologies LLC **Technical Staff** Receipt For: Aggregate Year-to-Date ▼ Primary General 480000.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Williams, Peter, , , Date of Receipt Mailing Address 47 Shore Road 2018 City State Zip Code Transaction ID: SA11AI.5433 NY East Setauket 11733 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) none Conduit: ActBlue Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Williams, Peter, , , Date of Receipt Mailing Address 47 Shore Road 23 2018 City Zip Code State Transaction ID: SA11AI.5501 NY East Setauket 11733 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit: ActBlue none none Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 250500.00 SUBTOTAL of Receipts This Page (optional)..... 410698.53 TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3X	Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 OF 70 (check only one)						
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	d Statements may not be sold or used by any per the name and address of any political committee							
NAME OF COMMITTEE (In Full)  Taking Action For Suffolk Co		to solicit contributions from such committee.						
Full Name of Individual (Last, First, Middle ACTBLUE	Initial) or Full Organization Name	Date of Receipt						
Mailing Address P.O. BOX 441146		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City SOMERVILLE	State Zip Code MA 02144	Transaction ID : SA11C.5560  Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C C00401224	12494.25						
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NAME OF COMMITTEE (In Full)  Taking Action For Suffolk County											
Full Name (Last, First, Middle Initial)  A. ActBlue Technical Services				Date of Disbursement							
Mailing Address P.O. Box 382110				07 02 2018							
Cambridge	state MA	Zip Code 02238-2110		FEC Identification Number							
Purpose of Disbursement donation processing  Candidate Name				Transaction ID : SB21B.5595							
Office Sought: House Disbursem	nent For		Category/ Type	Amount of Each Disbursement this Period 119.49							
Senate President	Primary Other (spec	General <b>▼</b>		Memo Item							
State: District:  Full Name (Last, First, Middle Initial)  B. ActBlue Technical Services				Date of Disbursement							
Mailing Address P.O. Box 382110				07 05 2018							
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A. ActBlue Technical Services					e or L	isburse		V -	Y Y Y Y		
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A. ActBlue Technical Services					Date of	Disburse 2		2018
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A. ActBlue Technical Services					Date of	Disbur	seme	nt		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee.  NAME OF COMMITTEE (in PLB)  Taking Action For Suffolk County  Full Name (Last, First, Middle Initial)  A. ActBlue Technical Services  Mailing Address P.O. Box 382110  City Cambridge Primasy Prissident State: District  Full Name (Last, First, Middle Initial)  B. ActBlue Technical Services  Mailing Address P.O. Box 382110  City Cambridge MA District  Full Name (Last, First, Middle Initial)  B. ActBlue Technical Services  Mailing Address P.O. Box 382110  City Cambridge  Cambridge  Cardidate Name  Ca									
NAME OF COMMITTEE (in Fall)  Taking Action For Suffolk County  Full Name (Last, First, Middle Initial)  A. ActBlue Technical Services  Malling Address P.O. Box 382110  City Cambridge MA  Caregory Office Sought  Full Name (Last, First, Middle Initial)  Candidate Name  Candidate Name  Disbursement  Disbursement  Disbursement  Disbursement  District  Full Name (Last, First, Middle Initial)  B. ActBlue Technical Services  Malling Address P.O. Box 382110  City Category Type  District  Full Name (Last, First, Middle Initial)  B. ActBlue Technical Services  Malling Address P.O. Box 382110  City Cambridge MA  Cazas-2110  City Candidate Name  City Candidate Name  City Candidate Name  City Candidate Name  Disbursement  District  Full Name (Last, First, Middle Initial)  City Candidate Name  City Candidate Name  City City City State Disbursement For:  Full Name (Last, First, Middle Initial)  Candidate Name  City Candidate Name  City Candidate Name  City City State District  Full Name (Last, First, Middle Initial)  C. ActBlue Technical Services  Malling Address P.O. Box 382110  City Candidate Name  City Candidate Nam	Anni information coming from such Beneate and Ol								
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ActBlue Technical Services  Mailing Address P.O. Box 382110  City Cambridge Purpose of Disbursement donation processing Candidate Name  Office Sought:   House   Disbursement For:   Senate   Primary   General   Purpose of Disbursement   Disbursement   State:   District:   Senate   Primary   General   Purpose of Disbursement   Disbursement   Cambridge   MA   O2238-2110   Date of Disbursement   Disbursement   Category/ Amount of Each Disbursement   Disbursement   Category/ Amount of Each Disbursement   Category/ Amount of Each Disbursement   Date of Disbursement   Date	Taking Action For Suffolk Count	у							
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Cambridge Purpose of Disbursement donation processing Cardidate Name  Category/ Type  Office Sought: House Primary General Disbursement For: Senate President State: District:  Full Name (Last, First, Middle Initial)  B. ActBlue Technical Services  Malling Address P.O. Box 382110  City Sanate Primary General Other (specify) ▼  State: Disbursement For: Senate Primary General Other (specify) Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) Type  Office Sought: Fell Initial)  C. ActBlue Technical Services  Malling Address P.O. Box 382110  FEC Identification Number Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) Type  Office Sought: Fell Middle Initial)  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) Type  Office Sought: House Disbursement For: Senate Purpose of Disbursement Type Other (specify) Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) Type  Office Sought: Ho	Mailing Address F.O. Box 302110				UO .	0.0		2010	
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Office Sought: House Senate President For: Senate President State: District:  Full Name (Last, First, Middle Initial)  B. ActBlue Technical Services  Mailing Address P.O. Box 382110  City State Zip Code O2238-2110  City Cambridge MA O2238-2110  Office Sought: House Disbursement For: Senate President Other (specify)  Transaction ID: S8218.5608  Amount of Each Disbursement this Period  Type  Office Sought: ActBlue Technical Services  Mailing Address P.O. Box 382110  Cty Carbridge MA O2238-2110  Office Sought: House Disbursement For: Senate President Other (specify)  Transaction ID: S8218.5608  Amount of Each Disbursement this Period  Date of Disbursement  Memo Item  FEC Identification Number  Category/ Type  Date of Disbursement  Memo Item  FEC Identification Number  Category/ Type  Office Sought: House O2238-2110  City State Zip Code O2238-2110  City Cambridge MA O2238-2110  City Cambridge Disbursement For: Senate President Other (specify) Memo Item  FEC Identification Number  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Primary General Primary Memo Item  SubstoriaL of Disbursement This Page (optional)	Candidate Name								
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B. ActBlue Technical Services  Mailing Address P.O. Box 382110  City Cambridge Purpose of Disbursement donation processing Candidate Name  Category/ Type  Office Sought: House Senate President State: District:  District:  CACtBlue Technical Services  Mailing Address P.O. Box 382110  Date of Disbursement  Ma		Other (sp	ecify) 🔻		Mem	o Item			
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of or commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  Taking Action For Suffolk County  Taking Action For Suffolk Initial County  Taking Candidate Name  Office Sought: House Disbursement For Category  Taking Candidate Name  Office Sought: House Disbursement For Category  Taking Candidate Name  Office Sought: House Disbursement For Suffolk Initial County Initial County Initial Category  Taking Candidate Name  Office Sought: House Disbursement For Suffolk Initial County Initial Category  Taking Candidate Name  Office Sought: House Disbursement For Suffolk Initial County Initial Category  Taking Candidate Name  Office Sought: House Disbursement For Suffolk Initial Category  Taking Candidate Name  Office Sought: House Disbursement For Suffolk	ITEMIZED DISBURSEMENTS			I `					
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for committee to solicit contributions from such committee.  NAME OF COMMITTEE (In PEII)  Taking Action For Suffolk County  Full Name (Last, First, Middle Initial)  A. ActBlue Technical Services  Mailing Address P.O. Box 382110  City Cambridge President State:  Disbursement For:  President Other (specify)  Taking Address P.O. Box 382110  City Cambridge President State:  Disbursement For:  State:  Other (specify)  Taking Address P.O. Box 382110  City Cambridge President State:  Disbursement For:  State:  Disbursement For:  Gategory/ Type  Disbursement  Other (specify)  Transaction ID: \$8218.5611  Amount of Each Disbursement  Other (specify)  Transaction ID: \$8218.5614  Amount of Each Disbursement  Other (specify)  Transaction ID: \$8218.5614  Amount of Each Disbursement  Other (specify)  Transaction ID: \$8218.5614  Amount of Each Disbursement  Other (specify)  Transaction ID: \$8218.5614  Amount of Each Disbursement  Date of Disbursement  Other (specify)  Transaction ID: \$8218.5614  Amount of Each Disbursement  Date of Disbursement  Date of Disbursement  Date of Disbursement  Date of Disbursement  State:  District:  Full Name (Last, First, Middle Initial)  C. ActBlue Technical Services  Mailing Address P.O. Box 382110  City Cambridge  MA (92238-2110  City Cambridge  MA (92238-2110  City Cambridge  Candidate Name  Category/ Type  Date of Disbursement  State:  District:  Full Name (Last, First, Middle Initial)  C. ActBlue Technical Services  Mailing Address P.O. Box 382110  City Cambridge  Primary  General  Date of Disbursement  Dat									
and Commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Paul)  Taking Action For Suffolk County  Full Name (Last, First, Middle Initial)  A. ActBlue Technical Services  Mailing Address P.O. Box 382110  City Cambridge Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  B. ActBlue Technical Services  Mailing Address P.O. Box 382110  City Cambridge  Frimary Candidate Name  City Cambridge  MA  City Cambridge  MA  City Cambridge  MA  City Cambridge  Firmary Candidate Name  City Cambridge  Full Name (Last, First, Middle Initial)  B. ActBlue Technical Services  Mailing Address P.O. Box 382110  City Cambridge  Full Name (Last, First, Middle Initial)  City Cambridge  Full Name  Cambridge  Full Name  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought:  Mall Disbursement For:  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought:  Mall Disbursement For:  Category/ Type	Any information conied from such Departs and Ota								
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee.  NAME OF COMMITTEE (in PLBI)  Taking Action For Suffolk County  Full Name (Last, First, Middle Initial)  A. ActBlue Technical Services  Mailing Address P.O. Box 382110  City Cambridge Primasy Prissident State: District  Full Name (Last, First, Middle Initial)  B. ActBlue Technical Services  Mailing Address P.O. Box 382110  City Cambridge Primasy Candidate Name  Category/ Type  District  Full Name (Last, First, Middle Initial)  B. ActBlue Technical Services  Mailing Address P.O. Box 382110  City Cambridge Cambridge Candidate Name  Category/ Type  District  Full Name (Last, First, Middle Initial)  G. ActBlue Technical Services  Mailing Address P.O. Box 382110  City Cambridge Mailing Address P.O. Box 382110  City City Cambridge Mailing Address P.O. Box 382110  FeC Identification Number  Fec Identifi										
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Cambridge Purpose of Disbursement donation processing  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼  Substrict:  Substrict: MA 02238-2110  Category/ Type  Category/ Type  Category/ Type  Memo Item  6.92	City	State	Zip Code			Idon	tification	Number		
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Cambridge	MA	02238-2110			FEC Id	entificatio	n Numbe	r
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NAME OF COMMITTEE (In Full)	7 1, 4,	ical committee to	
Full Name (Last, First, Middle Initial)			
ActBlue Technical Services			Date of Disbursement
Mailing Address P.O. Box 382110			09 30 2018
Cambridge	State Zip Code 02238-2110		FEC Identification Number
Purpose of Disbursement donation processing			Transaction ID : SB21B.5622
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburser  Senate President	ment For: Primary General Other (specify) ▼		3.95
State: District:	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial)  Benson Consulting Agency, LLC  Mailing Address 8 Wellington Drive			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Stony Brook	State Zip Code NY 11790		FEC Identification Number
Purpose of Disbursement fundraising, strategy general consulting  Candidate Name	11100	Category/	Transaction ID : SB21B.5573 Amount of Each Disbursement this Period
Office Sought: House Disburser Senate	Primary General	Туре	3000.00
State: President District:	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial)  Benson Consulting Agency, LLC			Date of Disbursement
Mailing Address 8 Wellington Drive			08 15 2018
Stony Brook	State Zip Code NY 11790		FEC Identification Number
Purpose of Disbursement fundraising, strategy general consulting			Transaction ID : SB21B.5574
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SCHEDULE B (FEC Form 3X)	llaa	ovoto sala adulta (1)		E NUMBER:		PAGE 24 OF 70
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Mailing Address & Wellington Drive					ÜŤ	2010
City	State NY	Zip Code		FEC Ide	entification N	lumber
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fundraising, strategy general consulting					nsaction ID	: SB21B.5575
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New York	NY	10003			entification N	Number
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C. Greenwald Doherty LLP					Disburseme	
Mailing Address 30 Ramland Road Suite 201				07	23	2018
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City Orangeburg	State NY	Zip Code 10962		FEC Ide	entification N	lumber
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labor law advice					nsaction ID	: SB21B.5569
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ny information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or us	ed by any per	son for the purpose of soliciting of to solicit contributions from such c	ontributions committee			
NAME OF COMMITTEE (In Full) Taking Action For Suffolk County								
Full Name (Last, First, Middle Initial)  Gusto				Date of Disbursement				
Mailing Address 500 Third St Suite 405				7	2018			
City San Francisco	State CA	Zip Code 94107		FEC Identification Number				
Purpose of Disbursement payroll services  Candidate Name			Category/	Transaction ID : SB21B.5 Amount of Each Disbursemen				
Senate	ement For:	General	Type		45.00			
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Full Name (Last, First, Middle Initial)  Gusto				Date of Disbursement	Y			
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City San Francisco Purpose of Disbursement Payroll processing: see below	State CA	Zip Code 94107		FEC Identification Number				
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State: District:				Memo Item				
Full Name (Last, First, Middle Initial)  Erwin, Bryan, , ,				Date of Disbursement	Y			
Mailing Address 2320 New Suffolk Avenue				7	2018			
City Mattituck	State NY	Zip Code 11952		FEC Identification Number				
Purpose of Disbursement 7/31 payroll Candidate Name			Category/	Transaction ID : SB21B.				
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A. Internal Revenue Service					Date of	f Disb	D I	D /		Y	Υ
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B. New York State Department of Tax	ation an	u rinance			Date o	טאט ו			V -	YIYI	V
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ANAME OF COMMITTEE (In Full)  Taking Action For Suffolk County  Full Name (Last, First, Middle Initial)  A. Gusto  Mailing Address 500 Third St. Suite 405  City San Francisco Candidate Name  Office Sought:   House   Disbursement For:   Senate   President   Distressment   Salate   Disbursement   President   Distressment   Distressment   Distressment   President   Distressment	IIEMIZED DISBUKSEMENIS	for each catego	ory of the	<b>X</b> 21b	22	
NAME OF COMMITTEE (In Full)  Taking Action For Suffolk County  Full Name (Last, First, Middle Initial)  A. Gusto  Mailing Address 500 Third St Suite 405  City San Francisco Cardidate Name  Office Sought:	Any information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may not be	sold or used	d by any per	son for the pur to solicit contrib	pose of soliciting contributions outions from such committee.
A. Gusto  Mailing Address 500 Third St Suite 405  City San Fracio Clisbursement Payroll processing: see below Candidate Name  Office Sought: House Sanate Primary General Disbursement For:  Full Name (Last, First, Middle Initial)  Erwin, Bryan, ,  Mailing Address 2320 New Suffolk Avenue  City Mattuck Purpose of Disbursement President State: Disbursement For:  City Mattuck Purpose of Disbursement For:  Full Name (Last, First, Middle Initial)  Critice Sought: House Sanate Primary General Bright State Size Category/ Type  City Mattuck Ny 11952  FEC Identification Number  City Mattuck Ny 11952  FEC Identification Number  Complete Category/ Type  Category/ Type  Category/ Type  Category/ Type  City Mattuck Ny 11952  FEC Identification Number  Complete Co						
Mailing Address 500 Third St Suite 405  City San Francisco Candidate Name  Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  Erwin, Bryan, ,  Mailing Address 2320 New Sutfolk Avenue  City Mathtuck Purpose of Disbursement R373 payroll Candidate Name  Office Sought:  Fer Identification Number  Category/ Type  Transaction ID : SB21B.5652 Amount of Each Disbursement this Period  Transaction ID : SB21B.5652 Amount of Each Disbursement  Date of Disbursement  FEC Identification Number  City Mathtuck NY State Purpose of Disbursement R373 payroll Candidate Name  Office Sought:  Fec Identification Number  Category/ Type  FEC Identification Number  FEC Identification Number  Category/ Type  Transaction ID : SB21B.5652 Amount of Each Disbursement  FEC Identification Number  City Mathtuck NY Transaction ID : SB21B.5652 Amount of Each Disbursement  FIC Amount of Each Disbursement  Transaction ID : SB21B.5652 Amount of Each Disbursement  Transaction ID : SB21B.5652 Amount of Each Disbursement  FEC Identification Number  Category/ Type  Date of Disbursement  FIC Identification Number  Category/ Type  Date of Disbursement  Transaction ID : SB21B.5652 Amount of Each Disbursement  Transaction ID : SB21B.5652 Amount of Each Disbursement  City Mashington Date of Disbursement  Type  Date of Disbursement  Type  Transaction ID : SB21B.5652 Amount of Each Disbursement  City Transaction ID : SB21B.5652 Amount of Each Disbursement  City Transaction ID : SB21B.5652 Amount of Each Disbursement Type  Transaction ID : SB21B.5652 Amount of Each Disbursement Type  Transaction ID : SB21B.5652 Amount of Each Disbursement Type  City Transaction ID : SB21B.5652 Amount of Each Disbursement Type  Transaction ID : SB21B.5652 Amount of Each Disbursement Type  City Transaction ID : SB21B.5652 Amount of Each Disbursement Type  City Transaction ID : SB21B.5652 Amount of Each Disbursement Type  City Transaction ID : SB21B.5652 Amount of Each Disbursement Type  City Transaction ID : SB21B.5652 Amount of Each Disbursement Type  City	•					
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Payroll processing: see below  Candidate Name  Office Sought:	San Francisco					fication Number
Office Sought:	Payroll processing: see below			Category	Transa	
State: District:  Full Name (Last, First, Middle Initial)  B. Erwin, Bryan, , ,  Mailing Address 2320 New Suffolk Avenue  City Matitiuck Purpose of Disbursement 8/31 payroll Candidate Name  Office Sought: House Disbursement For:  Full Name (Last, First, Middle Initial) C. Internal Revenue Service  Mailing Address 1111 Constitution Avenue Northwest  City Washington Disbursement FICA and FUTA tax Candidate Name  Disbursement For:  State Zip Code DC 20224  Primary General  Other (specify)  State Zip Code DC 20224  Purpose of Disbursement FICA and FUTA tax Candidate Name  Disbursement For:  Category/ Type  Transaction ID : SB21B.5652.  Amount of Each Disbursement  M M M J D D J J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			General		- Amount of	
B. Erwin, Bryan, , ,  Mailing Address 2320 New Suffolk Avenue  City Matitituck Purpose of Disbursement 8/31 payroll Candidate Name  City Office Sought: House Primary General President State: District:  Mailing Address 1111 Constitution Avenue Northwest  City Washington Purpose of Disbursement  Category/ Type  Date of Disbursement  FEC Identification Number  Category/ Type  Date of Disbursement  FEC Identification Number  FEC Identification Number  Category/ Type  FEC Identification Number  FEC Identification Number  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  Office Sought: House Disbursement For: Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)   Memo Item  Mailing Address 2320 New Suffolk Avenue  Category/ Type  Memo Item		Other (specify)	▼		Memo	Item
City Mattituck Purpose of Disbursement 8/31 payroll Candidate Name  Office Sought: House President President State: District:  Full Name (Last, First, Middle Initial) C. Internal Revenue Service  Mailing Address 1111 Constitution Avenue Northwest  City Washington Purpose of Disbursement FICA and FUTA tax Candidate Name  Office Sought: House Disbursement For:  Category/ Type  Date of Disbursement  FEC Identification Number  Category/ Type  FEC Identification Number  Date of Disbursement  FEC Identification Number  Category/ Type  Memo Item  Memo Item						
Mattituck Purpose of Disbursement 8/31 payroll Candidate Name  Office Sought: House Senate Primary General  Mailing Address 1111 Constitution Avenue Northwest  City Washington Purpose of Disbursement FICA and FUTA tax Candidate Name  Mattituck NY 11952  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Disbursement For:  Senate Primary General Disbursement FicA and FUTA tax Candidate Name  Disbursement For:  Category/ Type  Cat					08	31 2018
Candidate Name  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  City Mashington DC 20224  Purpose of Disbursement FICA and FUTA tax  Candidate Name  Office Sought: House Disbursement For: Senate Primary General Other (specify)  Transaction ID: SB21B.5652. C  Amount of Each Disbursement this Period  FEC Identification Number  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Memo Item  FEC Identification Number  Category/ Type  Transaction ID: SB21B.5652. A  Memo Item  Memo Item  Memo Item  Memo Item  Memo Item	Mattituck Purpose of Disbursement	·				fication Number
Senate President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  Internal Revenue Service  Mailing Address 1111 Constitution Avenue Northwest  City Washington Purpose of Disbursement FICA and FUTA tax  Candidate Name  Office Sought: House Senate Primary General Other (specify)  Memo Item  Date of Disbursement  Mailing Address 1111 Constitution Avenue Northwest  FEC Identification Number  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)  Memo Item						
State: District:  Full Name (Last, First, Middle Initial)  C. Internal Revenue Service  Mailing Address 1111 Constitution Avenue Northwest  City Washington Purpose of Disbursement FICA and FUTA tax Candidate Name  Office Sought: House Senate President  Date of Disbursement  FEC Identification Number  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Other (specify)  Memo Item  Memo Item  Memo Item  A Memo Item	Senate	Primary	General			2500.00
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Mailing Address 1111 Constitution Avenue Northwest  City Washington Purpose of Disbursement FICA and FUTA tax Candidate Name  Category/ Type  Office Sought: House President  Disbursement For: Senate Primary Other (specify)  Memo Item  O8 31 2018  FEC Identification Number  C  Transaction ID: SB21B.5652.  Amount of Each Disbursement this Period	,					
Washington Purpose of Disbursement FICA and FUTA tax Candidate Name  Category/ Type  Office Sought:  House Primary Senate President  Disbursement For:  Senate Primary Other (specify)  Memo Item	Mailing Address 1111 Constitution Avenue Northwes	st				
FICA and FUTA tax  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  Memo Item	Washington				J	fication Number
Office Sought: House Disbursement For:  Senate Primary General President Other (specify) ▼  Memo Item	FICA and FUTA tax			Category/	Transa	
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SCHEDULE B (FEC Form 3X)			FOR LINE N		PAGE 28 OF 70
ITEMIZED DISBURSEMENTS	Use separate sc for each categor		(check only	one)	
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or for commercial purposes, other than using the nan	ne and address of	any political	committee to	solicit contributions	from such committee.
NAME OF COMMITTEE (In Full)					
Taking Action For Suffolk County					
Full Name (Last, First, Middle Initial)					
New York State Department of Tax	kation and Fir	nance		Date of Disburse	D / Y Y Y Y Y
Mailing Address STATE PROCESSING CENTER PO BOX 61000	0			08 3	2018
City Albany	State Zip Co NY 1226			FEC Identification	n Number
Purpose of Disbursement	1220			С	
SUTA tax					ID : SB21B.5652.2
Candidate Name			Category/		Disbursement this Period
			Туре		
Office Sought: House Disburser					101.88
Senate		General		_	
State: District:	Other (specify) ▼			✗ Memo Item	
Full Name (Last, First, Middle Initial)					
Gusto				Date of Disburse	
Mailing Address 500 Third St				09 0	5 2018
Suite 405				,,, ,	2010
,	State Zip C		T	FEC Identification	n Number
San Francisco Purpose of Disbursement	CA 9410	)/			
payroll services				C	
Candidate Name			Category/ Type		ID: SB21B.5579 Disbursement this Period
Office Sought: House Disburser	ment For:		.772		111.00
Senate	Primary	General			4 4
President	Other (specify)			Memo Item	
State: District:					
Full Name (Last, First, Middle Initial)				Date of Disburse	ement
C. Gusto				M M / D	
Mailing Address 500 Third St Suite 405				09 2	
	State Zip C	ode		FEC Identification	n Number
San Francisco	CA 9410	07			TAUTIDE
Purpose of Disbursement Payroll processing: see below	-			C	
Candidate Name			Category/		ID: SB21B.5656 Disbursement this Period
Office Sought: House Disburser	ment For:		Туре		2793.13
Senate Dispulser		General			2.30.10
President	Other (specify)			Mama Hara	
State: District:				Memo Item	
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SCHEDULE B (FEC Form 3X)			FOR	LINE I	NUMBER				PAGE	30 (	)F 70
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NAME OF COMMITTEE (In Full)											
Taking Action For Suffolk County											
Full Name (Last, First, Middle Initial)					_						
A. Hershkowitz, Shoshana, , ,					Date o	f Disb	D II I	D /		YIY	Y
Mailing Address 10 Tracker Lane		I			07		03	_	<u></u>	2018	
,	State NY	Zip Code 11720			FEC Id	entific	ation	Num	ber		
Purpose of Disbursement		11720		_	С						
Outreach and social media						neac	tion I	D - S	B21B.	5564	
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B. Hershkowitz, Shoshana, , ,					Date 0	ו טופט	D I	_	V	Y	V
Mailing Address 10 Tracker Lane					08	]	15	- 1		2018	
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South Setauket Purpose of Disbursement	NY	11720								-	
Outreach and social media					C						
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President State: District:	Other (spec	ify)			Me	mo It	em				
Full Name (Last, First, Middle Initial)											
C. Hershkowitz, Shoshana, , ,					Date o	f Disb	urser	_	V	YIY	V
Mailing Address 10 Tracker Lane					09	]	04	_		2018	
City	State	Zip Code			FEC Id	entific	ation	Num	ber		
South Setauket Purpose of Disbursement	NY	11720									
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  Taking Action For Suffolk County  Full Name (Last, First, Middle Initial)  A. MCB Consulting  Mailing Address PO Box 855  City Southampton Priesident State District  Full Name (Last, First, Middle Initial)  A. MCB Consulting  Mailing Address PO Box 855  City Southampton Priesident State District  Full Name (Last, First, Middle Initial)  A. MCB Consulting  Mailing Address PO Box 855  City Southampton Purpose of Disbursement Indication President State District  Full Name (Last, First, Middle Initial)  A. MCB Consulting  Mailing Address PO Box 855  City Southampton Purpose of Disbursement Indication Purpose of Disbursement Indication Purpose of Disbursement Indication Purpose of Disbursement Indication Office Sought: House District  Full Name (Last, First, Middle Initial)  New York State Insurance Fund  Mailing Address 1 Watervliet Avenue Ext.  City Albany Purpose of Disbursement WC policy Category/ Type  Category/ Type  FEC Identification Number  Category/ Type	IIEWIZED DISBUKSEMENIS	for each category of the	<b>X</b> 21b	22 23 26 27
NAME OF COMMITTEE (In Full)  Taking Action For Suffolk County  Full Name (Last, First, Middle Initial)  A. MCB Consulting  Mailing Address PO Box 855  City Southampton Purpose of Disbursement Indidation  Office Sought: House President Purpose of Disbursement International Purpose of Disbursement Purpose of Disbursement International				
Malling Address PO Box 855  City Southampton Southampton Purpose of Disbursement fundratising Candidate Name Category' Type  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  Malling Address PO Box 855  City Southampton Malling Address PO Box 855  City Southampton Southange Malling Address PO Box 855  City Southampton Southampton Southampton Southampton Sitate: District:  Full Name (Last, First, Middle Initial)  Malling Address PO Box 855  City Southampton S	NAME OF COMMITTEE (In Full)			
Mailing Address PO Box 855  City Southampton Office Sought: House President Other (specify)  Full Name (Last, First, Middle Initial)  Southampton NY 11969  Primary General Office Sought: House Primary General Other (specify)  State: Disbursement for: Senate Primary General Other (specify)  Full Name (Last, First, Middle Initial)  MCB Consulting  Mailing Address PO Box 855  City Southampton Prupose of Disbursement for: Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  New York State Insurance Fund  Mailing Address 1 Watervilet Avenue Ext.  City City City Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  New York State Insurance Fund  Mailing Address 1 Watervilet Avenue Ext.  City City Candidate Name  City Code NY 12206  Primary General Other (specify)  Transaction ID: SB21B.5645  Amount of Each Disbursement  Date of Disbursement  Date of Disbursement this Period  Category/ Ny 2018  FEC Identification Number  C Transaction ID: SB21B.5627  Amount of Each Disbursement this Period  Date of Disbursement this Period  Category/ Type  Office Sought: Primary General Other (specify)  FEC Identification Number  Category/ Type  Office Sought: Primary General Other (specify)  FEC Identification Number  Category/ Type  Office Sought: Primary General Other (specify)  Memo Item  Mailor Transaction ID: SB21B.5645  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB21B.5645  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB21B.5645  Amount of Each Disbursement this Period  Mailor State Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: Category/ Type  Office Sought: Primary General Other (specify) Type  Mailor State Disbursement this Period  Mailor State Disbursement this Period  Category/ Type  Mailor State Disbursement this Period  Mailor State Disbursement this Period  City State Disbursement this Period  City State Disbursement this Period  City Stat	Full Name (Last, First, Middle Initial)			
City Southampton Purpose of Disbursement fundraising Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  NY  State  Disbursement fundraising  Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  Memo Item  Date of Disbursement fundraising  Candidate Name  Category/ 1ype  Jate of Disbursement  Memo Item  FEC Identification Number  Category/ 1ype  Jate of Disbursement  Memo Item  FEC Identification Number  Category/ 18  Zoode  Transaction ID : \$8218.5626  Amount of Each Disbursement  Memo Item  FEC Identification Number  Category/ 18  Zoode  Transaction ID : \$8218.5627  Amount of Each Disbursement this Period  Category/ 19pe  Jate of Disbursement  Category/ 19pe  FEC Identification Number  Category/ 18  Zoode  Transaction ID : \$8218.5627  Amount of Each Disbursement this Period  Category/ 19pe  John Albary  Memo Item  Date of Disbursement  Memo Item  Date of Disbursement  Category/ 19pe  John Albary  Memo Item  FEC Identification Number  Category/ 19pe  John Albary  John Albary				M   M   / D   D   / Y   Y   Y   Y
Southampton Purpose of Disbursement fundraising Candidate Name  Office Sought: House Senate President State: District: Pull Name (Last, First, Middle Initial)  Mailing Address PO Box 855  City Southampton Purpose of Disbursement For: Senate Purpose of Disbursement fundraising Candidate Name  Office Sought: House Disbursement For: Senate Purpose of Disbursement fundraising Candidate Name  Office Sought: House Disbursement For: Senate Purpose of Disbursement fundraising Candidate Name  Office Sought: House Disbursement For: Senate Purpose of Disbursement For: Senate President State: District: District: District: Pull Name (Last, First, Middle Initial)  New York State Insurance Fund  Mailing Address 1 Watervliet Avenue Ext.  City State Insurance Fund  Mailing Address 1 Watervliet Avenue Ext.  City Candidate Name  Office Sought: House Senate Purpose of Disbursement For: Senate Purpose	Mailing Address PO Box 855			07 18 2018
Transaction ID : \$B218.5626 Amount of Each Disbursement this Period  Office Sought: House Senate Primary General President State: District: Other (specify) ▼  Full Name (Last, First, Middle Initial)  State: Disbursement For: General Primary General President NY 11969  Office Sought: House President NY 11969  Office Sought: House NY 11969  Office Sought: House NY 11969  Office Sought: House President NY 11969  Office Sought: House Primary General Primary General President Ny 1206  Full Name (Last, First, Middle Initial)  New York State Insurance Fund  Mailing Address 1 Watervliet Avenue Ext.  City Albany Purpose of Disbursement WC policy Candidate Name  Office Sought: House Ny 12206  New York State Insurance Fund  Office Sought: House Ny 12206  New York State Insurance Fund  Office Sought: House Ny 12206  New York State Insurance Fund  Mailing Address 1 Watervliet Avenue Ext.  City Albany Purpose of Disbursement WC policy Candidate Name  Office Sought: House Senate Primary General Primary Ge	Southampton			
Office Sought:	fundraising	[		Transaction ID : SB21B.5626
Senate Primary Other (specify)   State: District:  Full Name (Last, First, Middle Initial)  Mailing Address PO Box 855  City Southampton NY 11969  Candidate Name  Office Sought: House Primary Other (specify)  Feel Insurance Fund  Mailing Address PO Box 855  City Southampton NY 11969  Category/ Type  Office Sought: House Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  New York State Insurance Fund  Mailing Address 1 Watervliet Avenue Ext.  City Albany NY 12206  Purpose of Disbursement WC policy  Candidate Name  Office Sought: House Primary General NY 12206  Category/ Type  Office Sought: House NY 12206  Category/ Type  Office Sought: House NY 12206  FEC Identification Number  Category/ Amount of Each Disbursement  Office Sought: House NY 12206  FEC Identification Number  Category/ Type  Office Sought: House NY 12206  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  Office Sought: House Disbursement For:  Senate Primary General Number  Category/ Type  Office Sought: House Disbursement For:  Senate Primary General Other (specify) Memoritem				
State: District:  Full Name (Last, First, Middle Initial)  3. MCB Consulting  Mailing Address PO Box 855  City Southampton Purpose of Disbursement fundratising Candidate Name  Office Sought: House President State: District:  Full Name (Last, First, Middle Initial)  Transaction ID: SB21B.5627 Amount of Each Disbursement this Period  Office Sought: District:  Full Name (Last, First, Middle Initial)  New York State Insurance Fund  Mailing Address 1 Watervliet Avenue Ext.  City Albany Purpose of Disbursement WC policy Candidate Name  Office Sought: House Disbursement For:  City Albany Purpose of Disbursement WC policy Candidate Name  Disbursement For:  Category/ Type  Transaction ID: SB21B.5645 Amount of Each Disbursement this Period  FEC Identification Number  Category/ Type  Ganeral Office Sought: House Primary General Other (specify)  Memo Item	Senate	Primary General		
Mailing Address PO Box 855  City Southampton Purpose of Disbursement Fell Name  Candidate Name  City Senate President State: District:  New York State Insurance Fund  Mailing Address 1 Watervliet Avenue Ext.  City Albany Purpose of Disbursement  Category/ Type  FEC Identification Number  Date of Disbursement this Period  Date of Disbursement  Mailing Address 1 Watervliet Avenue Ext.  FEC Identification Number  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  Memo Item  Memo Item  Memo Item  Memo Item  Memo Item  Memo Item		Other (specify)		Memo Item
Southampton Purpose of Disbursement fundraising Candidate Name  Category/ Type  Office Sought: House Senate Primary General  President State: District:  Full Name (Last, First, Middle Initial)  New York State Insurance Fund  Mailing Address 1 Watervliet Avenue Ext.  City Albany Purpose of Disbursement WC policy  Candidate Name  Office Sought: House Disbursement For:  City Albany Purpose of Disbursement WC policy  Candidate Name  Office Sought: House Disbursement For:  Senate Primary General Other (specify)  Memo Item  FEC Identification Number  Category/ Type  Memo Item  FEC Identification Number  Category/ Type  Memo Item				M = M / D = D / Y = Y = Y
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Office Sought:  House	fundraising	[		Transaction ID : SB21B.5627
State: District:  Full Name (Last, First, Middle Initial)  New York State Insurance Fund  Mailing Address 1 Watervliet Avenue Ext.  City Albany Purpose of Disbursement WC policy Candidate Name  Office Sought: House Senate President Date of Disbursement  Date of Disbursement  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  630.94  Memo Item	Senate	Primary General	Туре	9000.00
Date of Disbursement  Mailing Address 1 Watervliet Avenue Ext.  City Albany Purpose of Disbursement WC policy Candidate Name  Office Sought:  House Senate President  Date of Disbursement  M M M M M M M M M M M M M M M M M M M		Other (specify)		Memo Item
Mailing Address 1 Watervliet Avenue Ext.  O9 04 2018  City Albany Purpose of Disbursement WC policy Candidate Name  Office Sought: House Senate Primary General President Other (specify) ▼  Memo Item  O9 04 2018  FEC Identification Number  C Transaction ID: SB21B.5645  Amount of Each Disbursement this Period  Memo Item	•			Date of Disbursement
Albany Purpose of Disbursement WC policy Candidate Name  Category/ Type  Office Sought: House Senate President  Disbursement For: Senate Primary Other (specify)  Memo Item	Mailing Address 1 Watervliet Avenue Ext.			
WC policy  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Memo Item	Albany	'		
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  Memo Item	WC policy	[		Transaction ID : SB21B.5645
President Other (specify) ▼ Memo Item	Office Sought: House Disburser			
Otato. District.	President			Memo Item
	Oldio. District.			
	TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 32 OF 7
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only	one)
		Summary Page	<b>X</b> 21b 28a	22 23 26 27 28b 28c 29 30b
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or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
Taking Action For Suffolk County				
Full Name (Last, First, Middle Initial)				Data of Biologopa i
A. Peconic Advisors, LLC				Date of Disbursement
Mailing Address 300 Bowie Street Unit 3206	0	7:- 0 !		07 18 2018
City Austin	State TX	Zip Code 78703		FEC Identification Number
Purpose of Disbursement	'''	70703		C
Accounting services				
Candidate Name			Category/	Transaction ID: SB21B.5561  Amount of Each Disbursement this Period
			Type	
	ement For:	Cameral		487.50
Senate President	Primary Other (spec	General		
State: District:	Other (spec	√y) <b>▼</b>		Memo Item
Full Name (Last, First, Middle Initial)				
B. Peconic Advisors, LLC				Date of Disbursement
Mailing Address 300 Bowie Street Unit 3206				08 01 2018
City	State TX	Zip Code		FEC Identification Number
Austin Purpose of Disbursement	1.^	78703		С
Accounting services				Transaction ID : SB21B.5562
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	ement For:			1140.00
Senate	Primary	General		_
President State: District:	Other (spec	сіту)		Memo Item
Full Name (Last, First, Middle Initial)				Date of Diehum and
C. Peconic Advisors, LLC				Date of Disbursement
Mailing Address 300 Bowie Street Unit 3206				09 04 2018
City	State	Zip Code		FEC Identification Number
Austin	TX	78703		
Purpose of Disbursement Accounting services			· · ·	C
Candidate Name			Category/ Type	Transaction ID: SB21B.5563 Amount of Each Disbursement this Period
Office Sought: House Disburs	ement For:		туре	1266.25
Senate	Primary	General		
President	Other (spec	cify) 🔻		Memo Item
State: District:				Wienie Rein
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SCHEDULE B (FEC Form 3X)			FOR L	INE NUMB	ER:		PA	GE 33 OF	70
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NAME OF COMMITTEE (In Full)									
Taking Action For Suffolk County									
Full Name (Last, First, Middle Initial)				Б.	, ,				
A. Perkins Coie LLP				Date	e of L	isburse			_
Mailing Address P.O. Box 24643					)7	/ D		2018	
City	State	Zip Code		FEC	Iden	tificatior	n Number		
Seattle	WA	98124			-				
Purpose of Disbursement legal advice			· · ·						
Candidate Name			Category	/ Am			ID: SB2	<b>1B.5568</b> ment this Pe	ariod
			Type		Julii U	Lacii	Disbuisei	nent this re	illou
	ement For:			$\neg$ $\sqcup$		7		1228.50	
Senate President	Primary Other (en	General							
State: District:	Other (sp	ecity) 🔻			Memo	o Item			
Full Name (Last, First, Middle Initial)									
B. Perkins Coie LLP				Date	e of D	isburse	ment		
W. W. A. I				M	M	/ D		2012	7
Mailing Address P.O. Box 24643	T-				08	1	5	2018	
City Seattle	State WA	Zip Code 98124		FEC	Iden	tificatior	n Number		
Purpose of Disbursement		33.2.		C					
legal advice					Trans	action	ID : SB21	B.5571	
Candidate Name			Category	/ Amo	ount o	f Each	Disburse	ment this Pe	eriod
Office Sought: House Disburs	ement For:		Туре	-				263.25	
Senate	Primary	General				7	7	1 76	
President	Other (sp	ecify)			Memo	o Item			
State: District:									
Full Name (Last, First, Middle Initial)  C. Perkins Coie LLP				Date	e of D	isburse	ment		
					M	/ D		Y   Y   Y   Y	7
Mailing Address P.O. Box 24643					)9	2	<u> </u>	2018	_
City	State	Zip Code		FEC	` lden	tification	Number		
Seattle	WA	98124			lucii	incation	Titullibei		
Purpose of Disbursement legal advice			· ·						
Candidate Name			Category	/ Am			ID: SB2	<b>1B.5572</b> ment this Pe	eriod
			Type		Julii O	Lacii	Disbuisei	nent this re	71100
	ement For:			$\neg$ $\sqcup$		<del></del>		263.25	
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SCHEDULE B (FEC Form 3X)			FOR L	.INE NUI	MBER:		PA	GE 34 OF	70
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	I `	only on	_′				
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				28a	28b	28c	29	30b	
Any information copied from such Reports and State or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)									
Taking Action For Suffolk County									
Full Name (Last, First, Middle Initial)						<b>.</b>			
A. Shoeboxed.com				_   '	M = M	Disburse	D / Y	Y	1
Mailing Address 512 S Mangum Street Suite 402					07	1	0	2018	_
City	State NC	Zip Code 27701		F	EC Ide	ntificatio	n Number		
Durham Purpose of Disbursement	INC	27701							
Candidate Name					C	nsaction	ID : SB2	IB.5589	
			Category Type	// <i>F</i>	Amount	of Each	Disburse	ment this Per	iod
Senate	Primary	General				7	- 7	39.00	Ш
State: President  District:	Other (spe	ecify) 🔻			Mer	no Item			
Full Name (Last, First, Middle Initial)									
B. Shoeboxed.com					Date of	Disburse /	ement	- Y - Y - Y	1
Mailing Address 512 S Mangum Street Suite 402		I			08	C	8	2018	_
City Durham	State NC	Zip Code 27701		F	FEC Ide	entification	n Number		
Purpose of Disbursement					С				
Candidate Name			Category Type	ı/ A			ID: SB21 Disburser	IB.5590 ment this Per	riod
Office Sought: House Disburse Senate	ement For:	General	71	□ L				39.00	
President	Primary Other (spe			I	Mer	no Item			
State: District:									
Full Name (Last, First, Middle Initial)  C. Shoeboxed.com				[	Date of	Disburse			
Mailing Address 512 S Mangum Street Suite 402					м = м 09	1	0 / Y	2018	
City	State	Zip Code					n Niversia au		
Durham	NC	27701		_   _	-EC Ide	entificatio	n Number		
Purpose of Disbursement				<b>-</b>	C				
Candidate Name			Category	ı/ A			ID: SB2	<b>1B.5591</b> ment this Per	riod
	ement For:	Conorel	Туре	- [		7		39.00	
Senate President	Primary Other (spe	General ecify) ▼		Г	Mer	no Item			
State: District:									
SUBTOTAL of Disbursements This Page (optional).				•		-	4	117.00	
TOTAL This Period (last page this line number only	γ)			_ i					ヿ

SCHEDULE B (FEC Form 3X)		FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	<b>X</b> 21b 28a	22 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Statem	pente may not be cold or yes		
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
Taking Action For Suffolk County			
Full Name (Last, First, Middle Initial)			
A. Shoshana Hershkowitz			Date of Disbursement
Mailing Address 10 Tracker Lane			09 13 2018
,	State Zip Code NY 11720		FEC Identification Number
Purpose of Disbursement reimbursement for postage	,		C Transaction ID - SP24D 5524
Candidate Name		Category/ Type	Transaction ID : SB21B.5584 Amount of Each Disbursement this Period
Office Sought: House Disbursem		.,,,,	757.90
President	Primary General Other (specify) ▼		Memo Item
State: District:			
Full Name (Last, First, Middle Initial)  B. Tri Star Graphics, Inc.			Date of Disbursement
Mailing Address P.O. Box 178			09 26 2018
City	State Zin Cada		
,	State Zip Code NY 11530		FEC Identification Number
Purpose of Disbursement North Fork and Hamptons mailings	11000		C
Candidate Name		Category/ Type	Transaction ID: SB21B.5576 Amount of Each Disbursement this Period
Office Sought: House Disbursem	nent For:	1,400	8898.80
Senate	Primary General		4 4
State: President District:	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial)  C. United States Postal Service			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address 450 NY-25A			09 24 2018
	State Zip Code		FEC Identification Number
East Setauket Purpose of Disbursement	NY 11733		
i arpose of Disbursement			C
Candidate Name		Category/ Type	Transaction ID: SB21B.5588  Amount of Each Disbursement this Period
Office Sought: House Disbursem	nent For:	7	420.00
	Primary General		7 7
	Other (specify) ▼		Memo Item
State: District:			_
SUBTOTAL of Disbursements This Page (optional)		·····	10076.70
			91098.54
TOTAL This Period (last page this line number only).			01000.04

SCHEDULE B (FEC Form 3X)	Han annual colorate ( )	FOR LINE NUMBER: PAGE 3	6 OF 7
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one) 21b 22 23 26 2	27
	Detailed Summary Page		30b
Any information copied from such Reports and Statem	nents may not be sold or use		ributions
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
Taking Action For Suffolk County			
Full Name (Last, First, Middle Initial)		Date of Dishamound	
A. Tri Star Graphics, Inc.		Date of Disbursement	Y
Mailing Address P.O. Box 178		09 26 201	
,	State Zip Code NY 11530	FEC Identification Number	
Purpose of Disbursement	11030	C	
Stickers for NYS candidates		Transaction ID : SB29.5676	
Candidate Name		Category/ Amount of Each Disbursement th	nis Period
Office Sought: House Disbursen	nent For:	Type 80	08.22
	Primary General	4	40-1
President State: District:	Other (specify) ▼	Memo Item	
Full Name (Last, First, Middle Initial)			
3.		Date of Disbursement	
		M = M / D = D / Y = Y =	Y Y
Mailing Address			
City	State Zip Code	FEC Identification Number	
Purpose of Disbursement		C	
Candidate Name			_
Candidate Name		Category/ Amount of Each Disbursement the Type	nis Period
Office Sought: House Disbursen	nent For:	777	45
	Primary General		
President State: District:	Other (specify)	Memo Item	
Full Name (Last, First, Middle Initial)			
<b>&gt;.</b>		Date of Disbursement	
Mailing Address		M M / D D / Y Y	Y
City	State Zip Code	FEC Identification Number	
Purpose of Disbursement			7
. ,,: _::::		C	
Candidate Name		Category/ Amount of Each Disbursement the Type	nis Period
Office Sought: House Disbursen	nent For:	Туре	4
	Primary General		
State: District:	Other (specify) ▼	Memo Item	
Glate. District.			
SUBTOTAL of Disbursements This Page (optional)			308.22
<u> </u>			000 00
TOTAL This Period (last page this line number only).			808.22

TEMIZED INDEPENDENT EXPENDITURES				PAGE 37 OF 70 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			-	EC IDENTIFICATION NUMBER ▼
Taking Action For Suffolk County				
				C C00637645
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee		☐ Memo	Item Date of	Public Distribution/Dissemination
DeVine, Kelly, , ,				8 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 119 Jane Avenue			Amount	
City	State	Zip Code		457.50
Port Jefferson	NY	11777		ction ID : SE.5253 Disbursement or Obligation
Purpose of Expenditure Canvassing in NY1 for Perry Gershon		Category/ Type 001	М	8 / 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>X</b> Support	Office Sought:	¥ House District: 01
GERSHON, PERRY, , ,		Oppose	Presider	senate State: NY
Calendar Year-To-Date Per Election for Office Sought	T	7577.33	Disbursement 2018 Oth	For: Primary <b>X</b> General er (specify) ▶
Full Name of Payee		☐ Memo		Public Distribution/Dissemination
DeVine, Kelly, , ,				M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 119 Jane Avenue				10 2010
170 Saile / Weillas			Amount	
City	State	Zip Code		625.50
Port Jefferson	NY	11777		ction ID : SE.5262 Disbursement or Obligation
Purpose of Expenditure Canvassing in NY1 for Perry Gershon		Category/ Type 001		08 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>x</b> Support	Office Sought:	₩ House District:01
GERSHON, PERRY, , ,		Oppose	Presider	t Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		9552.37	Disbursement 2018	,
The account of the court of the			Oth	er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· []	1083.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ervin, Robert, Francis, ,	Electronically Fil	ed1		D D / Y Y Y Y
Signature	ысы опишц Г П	Date	11	01 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 38 OF 70
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
Taking Action For Suffolk County				FEC IDENTIFICATION NUMBER ▼
Taking Action For Canonic County				C C00637645
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
DeVine, Kelly, , ,				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 119 Jane Avenue			Am	ount
City	State	Zip Code	— F	682.50
Port Jefferson	NY	11777		nsaction ID : SE.5274 e of Disbursement or Obligation
Purpose of Expenditure Canvassing in NY1 for Perry Gershon		Category/ Type 001		09 05 2018
Name of Federal Candidate:		<b>✗</b> Support	Office Sou	ight: X House District: 01
GERSHON, PERRY, , ,		Oppose		sident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7 7	11998.63	Disbursem 2018	nent For:  Primary
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
DeVine, Kelly, , ,				09 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 119 Jane Avenue				
			Am	ount
City	State	Zip Code		210.00
Port Jefferson	NY	11777		ansaction ID : SE.5286 e of Disbursement or Obligation
Purpose of Expenditure Canvassing in NY1 for Perry Gershon		Category/ Type 001		09 / 09 / 18 / 2018
Name of Federal Candidate:		<b>x</b> Support	Office Sou	ight: 🗶 House District:01
GERSHON, PERRY, , ,		Oppose	Pres	sident Senate State: NY
Calendar Year-To-Date		24092.24	Disbursem	nent For: Primary Seneral
Per Election for Office Sought	7 7		2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				892.50
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		· · · · · · · · · · · · · · · · · · ·
Ervin, Robert, Francis, ,	Electronically Fil	ed1	M = M	/ D D / Y Y Y Y Y
Signature	<u> 2 опишну Г н</u>	_ Date	11	01 2018

PAGE 39 OF 70 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ Taking Action For Suffolk County C00637645 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee DeVine, Kelly, , , 18 2018 Mailing Address 119 Jane Avenue Amount City State Zip Code 405.00 NY 11777 Transaction ID: SE.5667 Port Jefferson Date of Disbursement or Obligation Purpose of Expenditure Category/ Canvassing in NY2 for Liuba 001 09 18 2018 Type Name of Federal Candidate: 02 **X** Support Office Sought: **X** House District: Shirley, Liuba, , , NY Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 2106.53 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Dwyer, Emily, , , 2018 05 08 Mailing Address 17 Springbriar Ln Amount 480.00 City State Zip Code Centereach Transaction ID: SE.5254 NY 11720 Date of Disbursement or Obligation Purpose of Expenditure Category/ Canvassing in NY1 for Perry Gershon 001 07 2018 08 Type Name of Federal Candidate: x Support 01 Office Sought: **X** House District: GERSHON, PERRY, , , NY Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 8057.33 2018 Per Election for Office Sought Other (specify) ▶ 885.00 (a) SUBTOTAL of Itemized Independent Expenditures ..... (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures ..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ervin, Robert, Francis, , [Electronically Filed] 01 2018 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 40 OF 70
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
Taking Action For Suffolk County				C C00637645
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination
Dwyer, Emily, , ,				08 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 17 Springbriar Ln			A	mount
City	State	Zip Code	<u> </u>	573.75
Centereach	NY	11720		ransaction ID : SE.5263
Purpose of Expenditure Canvassing in NY1 for Perry Gershon		Category/ 001		late of Disbursement or Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,		Type 001		00 24 2010
Name of Federal Candidate:		<b>x</b> Support	Office S	
GERSHON, PERRY, , ,		Oppose	Pr	resident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7	10126.12	Disburse 2018	ement For: Primary <b>X</b> General  Other (specify) ▶
Full Name of Payee		☐ Memo	Item D	rate of Public Distribution/Dissemination
Facebook, Inc.				07 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way				07 02 2010
Thaties may			A	mount
City	State	Zip Code		181.66
Menlo Park	CA	94025		Transaction ID : SE.5244 late of Disbursement or Obligation
Purpose of Expenditure Trump - Zeldin Bear ad		Category/		07 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Type 004		
Name of Federal Candidate:		Support	Office S	•
ZELDIN, LEE M, , ,		<b>x</b> Oppose	Pr	resident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		181.66	Disburse	ement For: Primary Seneral
Tel Election for Office Sought	7		2010	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			· • L	755.41
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
, ,				
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ervin, Robert, Francis, ,	(Fleetronically E:1	led1	M = M	/ D D / Y Y Y Y Y
Signature	[Electronically File	eaj Date	e 11	01 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 41 OF 70 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FFC	C IDENTIFICATION NUMBER ▼
Taking Action For Suffolk County				
			C	C00637645
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date of Pu	ublic Distribution/Dissemination
Facebook, Inc.			07	/ 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way			Amount	
City	State	Zip Code		18.33
Menlo Park	CA	94025		on ID : SE.5245 sbursement or Obligation
Purpose of Expenditure Trump - Zeldin Bear ad		Category/ Type 004	M = M	
Name of Federal Candidate:		Support	Office Sought:	<b>✗</b> House District:01
ZELDIN, LEE M, , ,		X Oppose	President	Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	199.99	Disbursement For 2018 Other	r: Primary <b>X</b> General (specify) ▶
Full Name of Payee		Memo		ublic Distribution/Dissemination
Facebook, Ínc.			M I M	/ D D / Y Y Y Y
Mailing Address			07	30 2018
1 Hacker Way			Amount	
City	State	Zip Code		249.13
Menlo Park	CA	94025		on ID : SE.5246 sbursement or Obligation
Purpose of Expenditure Trump - Zeldin Bear ad		Category/	M = M	/ D D / Y Y Y
·		Type 004	07	30 2018
Name of Federal Candidate:		Support	Office Sought:	<b>✗</b> House District:01
ZELDIN, LEE M, , ,		<b>x</b> Oppose	President	Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		7056.62	Disbursement For 2018	r: Primary Seneral
Per Election for Office Sought	T - T -		Other	(specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	i		·	267.46
(b) SUBTOTAL of Unitemized Independent Expenditu	res		<b>•</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidar party committee) any political party committee or its	ate or authorized			
Ervin, Robert, Francis, ,	Electronically Fil	adl	M M / D	D / Y Y Y Y
Signature	принятичний в принятичний в принятический в пр	<i>eaj</i> Date	11 0	1 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 42 OF 70 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Taking Action For Suffolk County				
			C	C00637645
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date of Pub	lic Distribution/Dissemination
Facebook, Inc.			08	01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way			Amount	
City	State	Zip Code	<del></del>	62.09
Menlo Park	CA	94025		n ID : SE.5247 oursement or Obligation
Purpose of Expenditure Trump - Zeldin Bear ad		Category/ Type 004	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought:	★ House District: 01
ZELDIN, LEE M, , ,		X Oppose	President	Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	7118.71	Disbursement For:	Primary <b>X</b> General
Full Name of Payee		Memo		lic Distribution/Dissemination
Facebook, Inc.		_ mome	M = M	/ D D / Y Y Y Y
Mailing Address			08	01 2018
1 Hacker Way			Amount	
City	State	Zip Code		1.12
Menlo Park	CA	94025	Transactio	n ID : SE.5248 oursement or Obligation
Purpose of Expenditure Trump - Zeldin Bear ad		Category/	M = M	/ D D / Y Y Y
·		Type 004	08	01 2018
Name of Federal Candidate:		Support	Office Sought:	House District: 01
ZELDIN, LEE M, , ,		<b>x</b> Oppose	President	Senate State: NY
Calendar Year-To-Date		7119.83	Disbursement For: 2018	Primary Seneral
Per Election for Office Sought	7 7		Other (	specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	;		<b>.</b>	63.21
(b) SUBTOTAL of Unitemized Independent Expenditu	res		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ervin, Robert, Francis, ,	[Flootronicall. F2	adl		D / Y Y Y Y Y
Signature	[Electronically File	eaj Date	11 01	2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 43 OF 70 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Taking Action For Suffolk County				C C00637645
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Facebook, Inc.				09 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way			Amo	unt
City	State	Zip Code	-	174.50
Menlo Park	CA	94025		nsaction ID : SE.5250 of Disbursement or Obligation
Purpose of Expenditure Trump - Zeldin Bear ad		Category/ Type 004		M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: <b>X</b> House District: 01
ZELDIN, LEE M, , ,		<b>x</b> Oppose	Presi	dent Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		11316.13	Disburseme	, .
	7		1_	Other (specify) ▶
Full Name of Payee Facebook, Inc.		∐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 1 Hacker Way				09 10 2018
Thacker way			Amo	unt
City	State	Zip Code		500.00
Menlo Park	CA	94025		nsaction ID : SE.5662 of Disbursement or Obligation
Purpose of Expenditure Trump - Zeldin Bear ad		Category/ Type 004		M 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght:   House District: 01
ZELDIN, LEE M, , ,		<b>x</b> Oppose	Presi	dent Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	· · · · ·	14617.24	Disburseme 2018	ent For: Primary <b>X</b> General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· • [	674.50
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· • [	
(c) TOTAL Independent Expenditures			• [	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ervin, Robert, Francis, ,	Electronically Fil	edl -	M = M	01 2019
Signature		Date	9 11	01 2018

TEMIZED INDEPENDENT EXPENDITURES			PAGE 44 OF 70 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Taking Action For Suffolk County			C C00637645
			C C00037043
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
Finer, Samuel, , ,			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 111 Bayview Terrace			Amount
City	State	Zip Code	157.50
Port Jefferson	NY	11777	Transaction ID : SE.5265 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing in NY1 for Perry Gershon		Category/ Type 001	08 / D D / Y Y Y Y Y Y 2018
Name of Federal Candidate:		<b>X</b> Support	Office Sought:  M House District: 01
GERSHON, PERRY, , ,		Oppose	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7 7	10283.62	Disbursement For:  Primary  General 2018  Other (specify) ▶
Full Name of Payee		☐ Memo	
Finer, Samuel, , ,			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 111 Bayview Terrace			
			Amount
City	State	Zip Code	348.75
Port Jefferson	NY	11777	Transaction ID: SE.5275  Date of Disbursement or Obligation
Purpose of Expenditure Canvassing in NY1 for Perry Gershon		Category/ Type 001	M M / D D / Y Y Y Y
Name of Federal Candidate:		<b>x</b> Support	Office Sought:  House District: 01
GERSHON, PERRY, , ,		Oppose	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		12347.38	Disbursement For: Primary General 2018
Tel Election for Office Sought	7 7		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			. > 506.25
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· •
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
Ervin, Robert, Francis, ,	Electronically Fil	led]	M = M / D = D / Y = Y = Y
Signature	ъжиопиши Fu	<i>eaj</i> Date	2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 45 OF 70
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
Taking Action For Suffolk County				C C00637645
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M " M / D " D / Y " Y " Y " Y
Full Name of Payee		Memo	Item Dat	te of Public Distribution/Dissemination
Finer, Samuel, , ,				09 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 111 Bayview Terrace			Am	ount
City	State	Zip Code	-	195.00
Port Jefferson	NY	11777		ansaction ID : SE.5287 te of Disbursement or Obligation
Purpose of Expenditure Canvassing in NY1 for Perry Gershon		Category/ Type 001		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>X</b> Support	Office Sou	ught:   House District: 01
GERSHON, PERRY, , ,		Oppose	Pres	sident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7 1 7	24287.24	Disbursen 2018	nent For:  Primary
Full Name of Payee		☐ Memo	Item Dat	te of Public Distribution/Dissemination
Finer, Samuel, , ,				09 18 2018
Mailing Address 111 Bayview Terrace			A	
			Am	ount
City	State	Zip Code	ΙL	255.00
Port Jefferson	NY	11777		ansaction ID : SE.5668 te of Disbursement or Obligation
Purpose of Expenditure Canvassing in NY2 for Liuba		Category/ Type 001		09 / 18 / 2018
Name of Federal Candidate:		<b>✗</b> Support	Office Sou	ught: K House District: 02
Shirley, Liuba, , ,		Oppose	Pres	sident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	2361.53	Disbursem 2018	nent For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·		. •	450.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		·
Ervin, Robert, Francis, ,	[Electronically File	led1	M = M	/ D D / Y Y Y Y
Signature		_ Date	e 11	01 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 46 OF 70
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
Taking Action For Suffolk County				C C00637645
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y
Full Name of Payee		Memo	Item Date of	of Public Distribution/Dissemination
Gogarty, Kaýla, , ,				08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 Apple Lane			Amou	nt
City	State	Zip Code	$ \Gamma$	138.75
Medford	NY	11763		action ID : SE.5255 of Disbursement or Obligation
Purpose of Expenditure Canvassing in NY1 for Perry Gershon		Category/ Type 001	N	08 07 7 2018
Name of Federal Candidate:		<b>X</b> Support	Office Sough	it: X House District: 01
GERSHON, PERRY, , ,		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	8196.08	Disbursemen 2018 O	t For:  Primary <b>X</b> General wher (specify) ▶
Full Name of Payee		☐ Memo	Item Date of	of Public Distribution/Dissemination
Gogarty, Kayla, , ,			N	08 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 Apple Lane			Amou	nt
City	State	Zip Code		135.00
Medford	NY	11763		saction ID : SE.5266 of Disbursement or Obligation
Purpose of Expenditure Canvassing in NY1 for Perry Gershon		Category/ Type 001	N	08 / D D D D D D D D D D D D D D D D D D
Name of Federal Candidate:		<b>x</b> Support	Office Sough	it: K House District: 01
GERSHON, PERRY, , ,		Oppose	Preside	ent Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	<i>7 7</i>	10418.62	Disbursemen 2018 O	t For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures			<b>•</b>	273.75
(b) SUBTOTAL of Unitemized Independent Expenditu	res		<b>•</b>	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		· ·
Ervin, Robert, Francis, ,	Electronically Fil	ed1	M = M /	040
Signature	omeany 1 th	Date	9 11	01 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 47 OF 70
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
Taking Action For Suffolk County				C C00637645
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Gogarty, Kayla, , ,				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 Apple Lane			Amou	ınt
City	State	Zip Code	— F	198.75
Medford	NY	11763		saction ID : SE.5276 of Disbursement or Obligation
Purpose of Expenditure Canvassing in NY1 for Perry Gershon		Category/ Type 001		09 05 7 2018
Name of Federal Candidate:		<b>✗</b> Support	Office Sough	ht: X House District: 01
GERSHON, PERRY, , ,		Oppose	Presid	lent Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7 7	12546.13	Disbursemer 2018	nt For:
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Gogarty, Kayla, , ,				09 18 2018
Mailing Address 83 Apple Lane			Amou	ınt
	10	7. 0. 1		00.00
City Medford	State	Zip Code	Tran	90.00 saction ID : SE.5669
	NY	11763		of Disbursement or Obligation
Purpose of Expenditure Canvassing in NY2 for Liuba		Category/ Type 001		09 / 18 / 2018
Name of Federal Candidate:		<b>✗</b> Support	Office Sough	ht: X House District: 02
Shirley, Liuba, , ,		Oppose	Presid	lent Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7	2451.53	Disbursemer 2018	nt For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures			<b>.</b>	288.75
(b) SUBTOTAL of Unitemized Independent Expenditu	res		<b>•</b>	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ervin, Robert, Francis, ,	[Electronically Fil	led1	M = M /	D D / Y Y Y Y Y
Signature		_ Date	9 11	01 2018

PAGE 48 OF 70 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ Taking Action For Suffolk County C00637645 Check if 24-hour report 48-hour report Amends report filed on New report Full Name of Payee Date of Public Distribution/Dissemination Internal Revenue Service 05 2018 Mailing Address 1111 Constitution Avenue Northwest Amount State Zip Code 132.74 City DC 20224 Transaction ID: SE.5261 Washington Date of Disbursement or Obligation Purpose of Expenditure Category/ FICA and FUTA taxes for canvassers 001 80 2018 Type Name of Federal Candidate: 01 **X** Support Office Sought: **X** House District: GERSHON, PERRY, , , NY Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 8926.87 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Internal Revenue Service 19 2018 08 Mailing Address 1111 Constitution Avenue Northwest Amount 162.66 City State Zip Code Washington Transaction ID: SE.5272 DC 20224 Date of Disbursement or Obligation Purpose of Expenditure Category/ Canvassing in NY1 for Perry Gershon 001 24 2018 08 Type Name of Federal Candidate: x Support 01 Office Sought: **X** House District: GERSHON, PERRY, , , NY Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 11061.28 2018 Per Election for Office Sought Other (specify) ▶ 295.40 (a) SUBTOTAL of Itemized Independent Expenditures ..... (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures ..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ervin, Robert, Francis,, [Electronically Filed] 01 2018 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 49 OF 70 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Taking Action For Suffolk County				C C00637645
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Internal Revenue Service		☐ Memo	Item D	ate of Public Distribution/Dissemination
				09 02 7 2018
Mailing Address 1111 Constitution Avenue Northwe	est		А	mount
City	State	Zip Code		205.76
Washington	DC	20224		ransaction ID : SE.5284 late of Disbursement or Obligation
Purpose of Expenditure Canvassing in NY1 for Perry Gershon	,	Category/ Type 001		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office S	ought: House District: 01
GERSHON, PERRY, , ,		Oppose		resident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	14015.64	Disburse 2018	ement For: Primary <b>X</b> General  Other (specify) ▶
Full Name of Payee		Memo	Item D	ate of Public Distribution/Dissemination
Internal Revenue Service				09 06 7 2018
Mailing Address 1111 Constitution Avenue Northwe	est		A	mount
City	State	Zip Code		47.37
Washington	DC	20224		Fransaction ID : SE.5292 late of Disbursement or Obligation
Purpose of Expenditure Canvassing in NY1 for Perry Gershon		Category/ Type 001		09 / 18 / 2018
Name of Federal Candidate:		<b>✗</b> Support	Office S	ought:  House District: 01
GERSHON, PERRY, , ,		Oppose		resident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		24503.36	Disburse 2018	ement For: Primary <b>X</b> General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			• •	253.13
(I) CUPTOTAL of Units arised by descending the first of the control of the contro				
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ervin, Robert, Francis, ,	[Electronically Fil	ed]	M = M	/ D D / Y Y Y Y Y Y Y Y 2018
Signature		Date	9 11	01 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 50 OF 70
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
Taking Action For Suffolk County				C C00637645
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Internal Revenue Service		☐ Memo	Item Dat	e of Public Distribution/Dissemination
Mailing Address 1111 Constitution Avenue Northwe				09 / 18 / 2018
TTT Constitution Avenue Northwe	31		Am	ount
City	State	Zip Code		104.88
Washington	DC	20224		nsaction ID : SE.5674 e of Disbursement or Obligation
Purpose of Expenditure Canvassing in NY2 for Liuba		Category/ Type 001		09 / 18 / 2018
Name of Federal Candidate:		<b>✗</b> Support	Office Sou	ight: K House District: 02
Shirley, Liuba, , ,		Oppose		sident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7 7	3077.66	Disbursem 2018	ent For:
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
Lawrence-Jolly, Mulique, , ,				09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1441 East 88th Street				00 02 2010
			Am	ount
City	State	Zip Code		112.50
Brooklyn	NY	11236		e of Disbursement or Obligation
Purpose of Expenditure Canvassing in NY1 for Perry Gershon		Category/ Type 001		09 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Sou	ight: X House District: 01
GERSHON, PERRY, , ,		Oppose	Pres	sident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		12658.63	Disbursem 2018	ent For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures			•	217.38
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
Ervin, Robert, Francis, ,	[Electronically File	led1	M = M	/ D D / Y Y Y Y
Signature		_ Date	e 11	01 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 51 OF 70 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Taking Action For Suffolk County				C C00637645
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Lawrence-Jolly, Mulique, , ,				09 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1441 East 88th Street			Ar	nount
City	State	Zip Code	— Г	45.00
Brooklyn	NY	11236		ansaction ID : SE.5291 ate of Disbursement or Obligation
Purpose of Expenditure Canvassing in NY1 for Perry Gershon		Category/ Type 001		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>X</b> Support	Office Sc	ought: X House District: 01
GERSHON, PERRY, , ,		Oppose	Pre	esident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		24455.99	Disburse	ment For: Primary General
Full Name of Payer	,	□ Massa		Other (specify) ▶ate of Public Distribution/Dissemination
Full Name of Payee Lawrence-Jolly, Mulique, , ,		∐ Memo	item Da	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1441 East 88th Street				
			Ar	nount
City Brooklyn	State NY	Zip Code		45.00 ransaction ID : SE.5670
Purpose of Expenditure	INT	11236		ate of Disbursement or Obligation
Canvassing in NY2 for Liuba		Category/ Type 001		09 / 18 / 2018
Name of Federal Candidate:		<b>x</b> Support	Office Sc	ought:   House District: 02
Shirley, Liuba, , ,		Oppose	Pre	esident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7	2496.53	Disburse 2018	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures				90.00
				, , , , , , , ,
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· • _	
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Ervin, Robert, Francis, ,	Electronically Fil	'ed1 –	M = M	/ D D / Y Y Y Y Y
Signature		Date	e 11	01 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 52 OF 70 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Taking Action For Suffolk County				
				C C00637645
Check if 24-hour report 48-hour report	New repo	ort Amends repo		" M / D " D / Y " Y " Y " Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Montauban, Judith, , ,				08 19 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3103 Kane Ave			Amou	ınt
City	State	Zip Code		71.25
Medford	NY	11763		saction ID : SE.5267 of Disbursement or Obligation
Purpose of Expenditure Canvassing in NY1 for Perry Gershon		Category/ Type 001		08 / 24 / 2018
Name of Federal Candidate:		<b>X</b> Support	Office Sough	ht: X House District: 01
GERSHON, PERRY, , ,		Oppose	Presid	lent Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	<b>7</b>     <b>7</b>	10489.87	Disbursemer 2018	nt For:  Primary
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Montauban, Judith, , ,			Г	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3103 Kane Ave				09 02 2018
3103 Karie Ave			Amou	ınt
City	State	Zip Code	— Г.	78.75
Medford	NY	11763	l l	saction ID : SE.5278 of Disbursement or Obligation
Purpose of Expenditure Canvassing in NY1 for Perry Gershon		Category/ Type 001		09 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>x</b> Support	Office Sough	ht: X House District: 01
GERSHON, PERRY, , ,		Oppose	Presid	lent Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		12737.38	Disbursemer	nt For: Primary 🗶 General
Per Election for Office Sought	7 7		2010	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			· [	150.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		<b>•</b>	7
(c) TOTAL Independent Expenditures			· [	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ervin, Robert, Francis, ,	Electronically Fil	adl	M = M /	D D / Y Y Y Y Y
Signature	<u> Басы описану F II</u>	eaj Date	11	01 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 53 OF 70 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Taking Action For Suffolk County				C C00637645
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	/ = M / D = D / Y = Y = Y = Y
Full Name of Payee		□ Mama	Itam Date	of Public Distribution/Dissemination
Montauban, Judith, , ,		∐ Memo	itom _	09 06 2018
Mailing Address 3103 Kane Ave			Amou	
City	State	Zip Code	$ \Gamma$	33.75
Medford	NY	11763		saction ID : SE.5288 of Disbursement or Obligation
Purpose of Expenditure Canvassing in NY1 for Perry Gershon		Category/ Type 001		09 18 2018
Name of Federal Candidate:		<b>✗</b> Support	Office Soug	ht: House District: 01
GERSHON, PERRY, , ,		Oppose	Presid	A DV
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	24320.99	Disburseme	
Full Marco of Davis				Other (specify) ▶  of Public Distribution/Dissemination
New York State Department of Taxati	on and Fina	INCE Memo	itom	M M / D D / Y Y Y Y
Mailing Address STATE PROCESSING CENTER				08 05 2018
PO BOX 61000			Amou	unt
City	State	Zip Code		65.55
Albany	NY	12261		of Disbursement or Obligation
Purpose of Expenditure  NYS payroll taxes for canvassers		Category/ Type 001		08 / 07 / 2018
Name of Federal Candidate:		<b>x</b> Support	Office Soug	ht: X House District: 01
GERSHON, PERRY, , ,		Oppose	Presid	dent Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		8794.13	Disburseme	
	,			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures				99.30
(b) SUBTOTAL of Unitemized Independent Expenditur	·es			
			,	7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Ervin, Robert, Francis, ,	Electronically Fil	ed]	M = M /	01 2018
Signature		Date	9 11	01 2010

TEMIZED INDEPENDENT EXPENDITURES				PAGE 54 OF 70 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Taking Action For Suffolk County				C C00637645
				M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report	New repo	ort Amends repo		W - W / D - D / Y - Y - Y - Y
Full Name of Payee New York State Department of Taxation	and Finance	☐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address STATE PROCESSING CENTER			Amo	08 19 2018
PO BOX 61000			Amo	unt
City	State	Zip Code		80.35
Albany	NY	12261		nsaction ID : SE.5273 of Disbursement or Obligation
Purpose of Expenditure Canvassing in NY1 for Perry Gershon		Category/ Type 001		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>X</b> Support	Office Sou	ght: X House District: 01
GERSHON, PERRY, , ,		Oppose	Presi	dent Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		11141.63	Disburseme	, .
			1_	Other (specify) ▶
New York State Department of Taxati	on and Fina	INCE Memo	Item Date	of Public Distribution/Dissemination  Op 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address STATE PROCESSING CENTER				09 02 2010
PO BOX 61000			Amo	unt
City Albany	State	Zip Code 12261	Tra	101.60 nsaction ID : SE.5285
Purpose of Expenditure			Date	of Disbursement or Obligation
Canvassing in NY1 for Perry Gershon		Category/ Type 001		09 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>x</b> Support	Office Sou	ght: X House District: 01
GERSHON, PERRY, , ,		Oppose	Presi	dent Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7 7	14117.24	Disburseme	ent For: Primary <b>X</b> General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· • []	181.95
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ervin, Robert, Francis, ,	Electronically Fil	edl -	M = M	01 2019
Signature		Date	e 11	01 2018

PAGE 55 OF 70 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ Taking Action For Suffolk County C00637645 Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissemination Full Name of Payee New York State Department of Taxation and Finance 06 2018 STATE PROCESSING CENTER Amount PO BOX 61000 City State Zip Code 23.39 Albany 12261 Transaction ID: SE.5293 NY Date of Disbursement or Obligation Purpose of Expenditure Category/ Canvassing in NY1 for Perry Gershon 001 09 18 2018 Type Name of Federal Candidate: 01 **X** Support Office Sought: **X** House District: GERSHON, PERRY, , , NY Oppose President State: Senate Primary Disbursement For: **X** General Calendar Year-To-Date 24526.75 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item New York State Department of Taxation and Finance 2018 18 Mailing Address STATE PROCESSING CENTER Amount PO BOX 61000 51.81 City State Zip Code Transaction ID: SE.5675 Albany NY 12261 Date of Disbursement or Obligation Purpose of Expenditure Category/ Canvassing in NY2 for Liuba 001 18 2018 09 Type Name of Federal Candidate: 02 x Support Office Sought: **X** House District: Shirley, Liuba, , , NY Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 3129.47 2018 Per Election for Office Sought Other (specify) ▶ 75.20 (a) SUBTOTAL of Itemized Independent Expenditures ..... (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures ..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ervin, Robert, Francis,, [Electronically Filed] 01 2018 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 56 OF 70
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
Taking Action For Suffolk County				C C00637645
Check if 24-hour report 48-hour report	New repo	ort Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Plofker, Noah, , ,				08 05 7 2018
Mailing Address 134-1 13th Ave			Amou	nt
City	State	Zip Code	$ \Gamma$	270.00
Holtsville	NY	11742		saction ID : SE.5256 of Disbursement or Obligation
Purpose of Expenditure Canvassing in NY1 for Perry Gershon		Category/ Type 001		08 07 7 2018
Name of Federal Candidate:		<b>X</b> Support	Office Sough	nt: X House District: 01
GERSHON, PERRY, , ,		Oppose	Presid	ent Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7 7	8466.08	Disbursemer 2018	nt For:
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Plofker, Noah, , ,			[	08 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 134-1 13th Ave			Amou	nt
	To: .	7: 0 1		22.75
City Holtsville	State	Zip Code	Tran	33.75 saction ID : SE.5268
	NY	11742		of Disbursement or Obligation
Purpose of Expenditure Canvassing in NY1 for Perry Gershon		Category/ Type 001		08 / 24 / 2018
Name of Federal Candidate:		<b>x</b> Support	Office Sough	nt: Nouse District: 01
GERSHON, PERRY, , ,		Oppose	Presid	ent Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	10523.62	Disbursemer 2018	nt For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures				303.75
(b) SUBTOTAL of Unitemized Independent Expenditure	res			
(c) TOTAL Independent Expenditures			· [	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ervin, Robert, Francis, ,	Electronically Fil	ed1	M = M /	
Signature	<u> 2нопиши</u> Г II	_ Date	11	01 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 57 OF 70 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Taking Action For Suffolk County			C	C00637645
				C00037043
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date of Public	c Distribution/Dissemination
Plofker, Noah, , ,			M M M 09	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 134-1 13th Ave			Amount	
City	State	Zip Code		45.00
Holtsville	NY	11742	Transaction	ID: SE.5279 ursement or Obligation
Purpose of Expenditure Canvassing in NY1 for Perry Gershon	I	Category/ Type 001	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Sought:	¥ House District:01
GERSHON, PERRY, , ,		Oppose	President	Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		12782.38	Disbursement For:	Primary General
Full Marsa of Davis			Other (sp	
Full Name of Payee Poulos, Lise, , ,		☐ Memo	Item Date of Public	c Distribution/Dissemination
Mailing Address			08	19 2018
117 Erin Lane			Amount	
City	State	Zip Code		48.75
East Setauket	NY	11733	Transaction Date of Disbu	
Purpose of Expenditure Canvassing in NY1 for Perry Gershon		Category/ Type 001	M M M 08	24 2018
Name of Federal Candidate:		<b>x</b> Support	Office Sought:	¥ House District:01
GERSHON, PERRY, , ,		Oppose	President	Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	A     A	10572.37	Disbursement For: 2018 Other (sp	Primary General
	,		Other (st	
(a) SUBTOTAL of Itemized Independent Expenditures			<b>&gt;</b>	93.75
(b) SUBTOTAL of Unitemized Independent Expenditure	res		<b>-</b>	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ervin, Robert, Francis, ,	Electronically Fil	led1	M = M / D = D	/ Y Y Y Y
Signature	zaca omeany P ll	Date	11 01	2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 58 OF 70 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Taking Action For Suffolk County				C C00637645
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item Date	e of Public Distribution/Dissemination
Poulos, Lise, , ,				09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 117 Erin Lane			Amo	ount
City	State	Zip Code	<u> —</u> г	243.75
East Setauket	NY	11733		nsaction ID : SE.5280 e of Disbursement or Obligation
Purpose of Expenditure Canvassing in NY1 for Perry Gershon		Category/ Type 001		09 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ight: K House District: 01
GERSHON, PERRY, , ,		Oppose		sident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	13026.13	Disbursem	nent For:  Primary
Full Name of Payee		□ Mama	Itom Date	e of Public Distribution/Dissemination
Poulos, Lise, , ,		∐ Memo	item Date	M M / D D / Y Y Y
Mailing Address 117 Erin Lane				09 18 2018
			Amo	ount
City	State	Zip Code		112.50
East Setauket	NY	11733		ansaction ID : SE.5671 e of Disbursement or Obligation
Purpose of Expenditure Canvassing in NY2 for Liuba		Category/ Type 001		09 18 2018
Name of Federal Candidate:		<b>✗</b> Support	Office Sou	ight: X House District:02
Shirley, Liuba, , ,		Oppose	Pres	sident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		2609.03	Disbursem	nent For: Primary Seneral
Fer Liection for Office Sought	7 7		2010	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	356.25
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Ervin, Robert, Francis, ,	Electronically Fil	ed]	M = M	/ D D / Y D Y D Y D Y D Y D Y D Y D Y D
Signature		Date	9 11	01 2010

TEMIZED INDEPENDENT EXPENDITURES			PAGE 59 OF 70
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
Taking Action For Suffolk County			
			C C00637645
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M / D D / Y Y Y Y Y
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
Resistance Labs, LLC			10 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 902 Everett Ave			Amount
City	State	Zip Code	9265.00
Oakland	CA	94602	Transaction ID : SE.5751 Date of Disbursement or Obligation
Purpose of Expenditure voter outreach texting	I	Category/ Type 005	M M / D D / Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Sought:  House District: 01
GERSHON, PERRY, , ,		Oppose	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	23882.24	Disbursement For: ☐ Primary
Full Name of Payee		Memo	
Savarese, Matthew, , ,		_ meme	08 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7 Glen Hollow Dr.			00 00 2010
Apt. B12			Amount
City	State	Zip Code	262.50
Holtsville	NY	11742	Transaction ID : SE.5257  Date of Disbursement or Obligation
Purpose of Expenditure Canvassing in NY1 for Perry Gershon		Category/ Type 001	M M / D D / Y Y Y
Name of Federal Candidate:		<b>x</b> Support	Office Sought:   House District: 01
GERSHON, PERRY, , ,		Oppose	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		8728.58	Disbursement For: Primary General 2018
Per Election for Office Sought	7 7		Other (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures			9527.50
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· •
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
Ervin, Robert, Francis, ,	Electronically Fil	ed1	M M / D D / Y Y Y Y
Signature	<u>ыссиониш</u> цу Г и	Date	e 11 01 2018

TEMIZED INDEPENDENT EXPENDITURES			_	AGE 60 OF 70 OR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				ENTIFICATION NUMBER ▼
Taking Action For Suffolk County				
			C	C00637645
Check if 24-hour report 48-hour report	New repo	ort Amends repo	t filed on/	D D / Y Y Y Y
Full Name of Payee		☐ Memo	tem Date of Public I	Distribution/Dissemination
Savarese, Matthew, , ,			08	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7 Glen Hollow Dr.			Amount	
Apt. B12	State	Zip Code		285.00
Holtsville	NY	11742	Transaction ID	
Purpose of Expenditure Canvassing in NY1 for Perry Gershon		Category/ Type 001	M M / 08	24 2018
Name of Federal Candidate:		<b>X</b> Support	Office Sought:	House District:01
GERSHON, PERRY, , ,		Oppose	President	Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	<b>7</b>     <b>7</b>	10857.37	Disbursement For: 2018 Other (spec	Primary <b>X</b> General cify) ▶
Full Name of Payee		☐ Memo	tem Date of Public I	Distribution/Dissemination
Savarese, Matthew, , ,			M M M /	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7 Glen Hollow Dr.				
Apt. B12			Amount	
City	State	Zip Code		135.00
Holtsville	NY	11742	Transaction ID  Date of Disburs	D: SE.5281 sement or Obligation
Purpose of Expenditure Canvassing in NY1 for Perry Gershon		Category/ Type 001	09	05 / 2018
Name of Federal Candidate:		<b>x</b> Support	Office Sought:	House District: 01
GERSHON, PERRY, , ,		Oppose	President	Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		13161.13	Disbursement For:	Primary Seneral
,	1		Other (spec	cify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			<b>•</b>	420.00
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ervin, Robert, Francis, ,	Electronically Di	adl	M = M / D = D	/
Signature	Electronically Fil	<i>eaj</i> Date	11 01	2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 61 OF 70 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC	FOR LINE 24 OF FORM 3X  CIDENTIFICATION NUMBER ▼
Taking Action For Suffolk County				
			С	C00637645
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee		☐ Memo	Item Date of Pu	blic Distribution/Dissemination
Sinkler, Kenneth, , ,			08 <sup>M</sup>	/ 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 29 Shenandoah Blvd			Amount	
City	State	Zip Code		41.25
Port Jefferson Station	NY	11776		on ID : SE.5271 sbursement or Obligation
Purpose of Expenditure Canvassing in NY1 for Perry Gershon		Category/ Type 001	M M M M 08	24 2018
Name of Federal Candidate:		<b>X</b> Support	Office Sought:	₩ House District:01
GERSHON, PERRY, , ,		Oppose	President	Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7 7	10898.62	Disbursement For 2018 Other	r: Primary   ✓ General  (specify)
Full Name of Payee		Memo		blic Distribution/Dissemination
Sinkler, Kenneth, , ,			M M M 09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 29 Shenandoah Blvd				
			Amount	
City	State	Zip Code		337.50
Port Jefferson Station	NY	11776		on ID: SE.5282 sbursement or Obligation
Purpose of Expenditure Canvassing in NY1 for Perry Gershon		Category/ Type 001	M 09	/ 05 / Y Y Y Y Y Y
Name of Federal Candidate:		<b>x</b> Support	Office Sought:	<b>✗</b> House District:01
GERSHON, PERRY, , ,		Oppose	President	Senate State: NY
Calendar Year-To-Date		13498.63	Disbursement For 2018	: Primary General
Per Election for Office Sought	7 - 1 - 7 -		Other	(specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			<b>.</b>	378.75
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ervin, Robert, Francis, ,	Electronically Fil	led]	M = M / D =	D / Y Y Y Y Y
Signature	ъжы опишу Ей	<i>eaj</i> Date	11 01	2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 62 OF 70 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Taking Action For Suffolk County				C C00637645
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		Memo	Item Dat	e of Public Distribution/Dissemination
Sinkler, Kenneth, , ,				09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 29 Shenandoah Blvd			Am	ount
City	State	Zip Code	— Г	15.00
Port Jefferson Station	NY	11776		insaction ID : SE.5290 e of Disbursement or Obligation
Purpose of Expenditure Canvassing in NY1 for Perry Gershon		Category/ Type 001		09 18 2018
Name of Federal Candidate:		<b>✗</b> Support	Office Sou	ught:   House District: 01
GERSHON, PERRY, , ,		Oppose		sident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	24410.99	Disbursem 2018	nent For: Primary <b>X</b> General Other (specify) ▶
Full Name of Payee		Memo	Item Dat	e of Public Distribution/Dissemination
Sinkler, Kenneth, , ,				09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 29 Shenandoah Blvd			Λm	ount
			Am	ount
City	State	Zip Code		251.25
Port Jefferson Station	NY	11776		e of Disbursement or Obligation
Purpose of Expenditure Canvassing in NY2 for Liuba		Category/ Type 001		09 / 18 / 2018
Name of Federal Candidate:		<b>✗</b> Support	Office Sou	ught: K House District: 02
Shirley, Liuba, , ,		Oppose	Pres	sident Senate State: NY
Calendar Year-To-Date		2860.28	Disbursem	nent For: Primary Seneral
Per Election for Office Sought	7		2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	266.25
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Ervin, Robert, Francis, ,	Electronically Fil	[ed]	M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	9 11	2010

TEMIZED INDEPENDENT EXPENDITURES				PAGE 63 OF 70 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Taking Action For Suffolk County				
			C	C00637645
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date of Pub	lic Distribution/Dissemination
Snider, Terrý-Linn, , ,			09	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 26 Tower Hill Rd			Amount	
City	State	Zip Code		311.25
Shoreham	NY	11786		n ID : SE.5283 oursement or Obligation
Purpose of Expenditure Canvassing in NY1 for Perry Gershon		Category/ Type 001	M M 09	05 2018
Name of Federal Candidate:		<b>X</b> Support	Office Sought:	₩ House District: 01
GERSHON, PERRY, , ,		Oppose	President	Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7 7	13809.88	Disbursement For: 2018 Other (s	Primary <b>X</b> General specify) ▶
Full Name of Payee		☐ Memo		lic Distribution/Dissemination
Snider, Terry-Linn, , ,			M M M 09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 26 Tower Hill Rd				
			Amount	
City	State	Zip Code		75.00
Shoreham	NY	11786		n ID : SE.5289 bursement or Obligation
Purpose of Expenditure Canvassing in NY1 for Perry Gershon		Category/ Type 001	M 09	18 2018
Name of Federal Candidate:		<b>✗</b> Support	Office Sought:	¥ House District:01
GERSHON, PERRY, , ,		Oppose	President	Senate State: NY
Calendar Year-To-Date		24395.99	Disbursement For: 2018	Primary Seneral
Per Election for Office Sought	7 7		Other (s	specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures			<b>.</b>	386.25
(b) SUBTOTAL of Unitemized Independent Expenditure	res		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ervin, Robert, Francis, ,	[Flootronicall. F:1	led1		D / Y Y Y Y Y
Signature	[Electronically Fil	Date	11 01	2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 64 OF 70	
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X	
Taking Action For Suffolk County				FEC IDENTIFICATION NUMBER ▼  C C00637645	
				C 00007040	
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y	
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination	
Snider, Terrý-Linn, , ,				09 18 2018	
Mailing Address 26 Tower Hill Rd			Amo	punt	
City	State	Zip Code	-	112.50	
Shoreham	NY	11786		nsaction ID : SE.5673	
Purpose of Expenditure Canvassing in NY2 for Liuba		Category/ Type 001		09 / 18 / 2018	
Name of Federal Candidate:		<b>✗</b> Support	Office Sou	ght: X House District: 02	
Shirley, Liuba, , ,		Oppose	Presi		
Calendar Year-To-Date Per Election for Office Sought	7 7	2972.78	Disburseme 2018	ent For: Primary <b>X</b> General Other (specify) ▶	
Full Name of Payee		☐ Memo	1	e of Public Distribution/Dissemination	
Tri Star Graphics, Inc.				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address P.O. Box 178					
			Amo	ount	
City	State	Zip Code	L	3575.31	
Garden City	nsaction ID : SE.5389 e of Disbursement or Obligation				
Purpose of Expenditure TASC - Anti Trump Lit - to be recognized as distributed  Category/ Type 006				07	
Name of Federal Candidate:		Support	Office Sou	ght: X House District: 01	
TRUMP, DONALD J, , ,		<b>✗</b> Oppose	Presi	ident Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought		3775.30	Disburseme	ent For: Primary General	
Per Election for Office Sought	7 7		2016	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures				3687.81	
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· [		
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized				
Ervin, Robert, Francis, ,	Electronically Fil	led1 –	M = M	/ D D / Y Y Y Y	
Signature		Date	e 11	01 2018	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 65 OF 70
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  C IDENTIFICATION NUMBER ▼
Taking Action For Suffolk County				
				C00637645
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date of F	Public Distribution/Dissemination
Tri Star Graphics, Inc.			M 09	M / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 178			Amount	
City	State	Zip Code		3032.19
Garden City	NY	11530		ion ID : SE.5390 Disbursement or Obligation
Purpose of Expenditure TASC - Dont Forget To Vote Postcards - to be recognistributed	gnized as	Category/ Type 006	M 07	
Name of Federal Candidate:		<b>X</b> Support	Office Sought:	₩ House District:01
GERSHON, PERRY, , ,		Oppose	President	Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	<b>7</b>   1 <b>7</b>	6807.49	Disbursement F 2018 Othe	or: Primary <b>X</b> General r (specify) ▶
Full Name of Payee		<b>✗</b> Memo	Item Date of F	Public Distribution/Dissemination
Tri Star Graphics, Inc.			M 08	
Mailing Address P.O. Box 178				
			Amount	
City	State	Zip Code		378.98
Garden City	NY	11530		tion ID: SE.5392 Disbursement or Obligation
Purpose of Expenditure TASC - Anti Trump Lit - dissmeinated 8/5/18		Category/ Type 006	M 07	M / D D / Y Y Y
Name of Federal Candidate:		Support	Office Sought:	₩ House District: 01
TRUMP, DONALD J, , ,		X Oppose	President	Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		6807.49	Disbursement F	or: Primary Seneral
Per Election for Office Sought	7 7		Othe	r (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures			·	3032.19
(b) SUBTOTAL of Unitemized Independent Expenditure	res		<b>&gt;</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ervin, Robert, Francis, ,	Electronically Fil	led]	M = M / D	D / Y Y Y Y Y
Signature	ъссновисину Е и	_ Date	11	2018

TEMIZED INDEPENDENT EXPENDITURES			<u> </u>	AGE 66 OF 70 OR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				NTIFICATION NUMBER ▼
Taking Action For Suffolk County				
			C	C00637645
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on/	D D / Y Y Y Y
Full Name of Payee		<b>✗</b> Memo	Item Date of Public [	Distribution/Dissemination
Tri Star Graphics, Inc.			08	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 178			Amount	
City	State	Zip Code		464.08
Garden City	NY	11530	Transaction ID Date of Disburs	: SE.5393 ement or Obligation
Purpose of Expenditure TASC - Anti Trump Lit - disseminated 8/19/18		Category/ Type 006	07 /	26 / 2018
Name of Federal Candidate:		Support	Office Sought:	House District: 01
TRUMP, DONALD J, , ,		X Oppose	President	Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7	6807.49	Disbursement For: 2018 Other (spec	Primary <b>X</b> General
Full Name of Payee		<b>✗</b> Memo	Item Date of Public I	Distribution/Dissemination
Tri Star Graphics, Inc.			M M /	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 178				
			Amount	
City	State	Zip Code		587.07
Garden City	NY	11530	Transaction ID  Date of Disburs	ement or Obligation
Purpose of Expenditure TASC - Anti Trump Lit - disseminated 9/2/18		Category/ Type 006	07 /	26 / 2018
Name of Federal Candidate:		Support	Office Sought:	House District: 01
TRUMP, DONALD J, , ,		<b>x</b> Oppose	President	Senate State: NY
Calendar Year-To-Date		6807.49	Disbursement For:	Primary <b>X</b> General
Per Election for Office Sought	7 7		Other (spec	cify) ►
(a) SUBTOTAL of Itemized Independent Expenditures			<b>•</b>	0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ervin, Robert, Francis, ,	Flootronically E:1	led l	M = M / D = D	/
Signature	Electronically Fil	Date	11 01	2018

				FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
Taking Action For Suffolk County						
				C C00637645		
Check if 24-hour report 48-hour report	New repo	ort Amends rep	ort filed	on M M / D D / Y Y Y Y		
Full Name of Payee Tri Star Graphics, Inc.		<b>✗</b> Memo	) Item	Date of Public Distribution/Dissemination		
TH Star Graphics, inc.				09		
Mailing Address P.O. Box 178				Amount		
City	State	Zip Code		8.58		
Garden City	NY	11530		Transaction ID : SE.5395  Date of Disbursement or Obligation		
Purpose of Expenditure TASC - Anti Trump Lit		Category/ Type 00	6	07 26 7 2018		
Name of Federal Candidate:		Support	Office	Sought: X House District: 01		
TRUMP, DONALD J, , ,		<b>x</b> Oppose		President Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought	, ,	6807.49	Disbu 2018	rsement For: Primary   General  Other (specify) ▶		
Full Name of Payee		<b>✗</b> Memo	Item	Date of Public Distribution/Dissemination		
Tri Star Graphics, Inc.				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address P.O. Box 178				00 00 2010		
				Amount		
City	State	Zip Code		115.83		
Garden City	NY	11530		Transaction ID : SE.5397  Date of Disbursement or Obligation		
Purpose of Expenditure TASC - Don't Forget To Vote Postcards - disseminated 8/5/18  Category/ Type 006				07		
Name of Federal Candidate:		Support	Office	e Sought: X House District: 01		
GERSHON, PERRY, , ,		Oppose		President Senate State: NY		
Calendar Year-To-Date		0007.40	Disbu	rsement For: Primary X General		
Per Election for Office Sought	7	6807.49	2018	Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			•	0.00		
(b) SUBTOTAL of Unitemized Independent Expenditure	es					
(,,						
(c) TOTAL Independent Expenditures			▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ervin, Robert, Francis, ,	Electronically Fil	ed]	M	1 01 2018		
Signature		Dat	te 1	2010		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 68 OF 70	
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X	
Taking Action For Suffolk County				FEC IDENTIFICATION NUMBER ▼	
,				C C00637645	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y	
Full Name of Payee		<b>✗</b> Memo	Item Date of	of Public Distribution/Dissemination	
Tri Star Graphics, Inc.			M	08	
Mailing Address P.O. Box 178			Amour	nt	
City	State	Zip Code		141.91	
Garden City	NY	11530		action ID : SE.5398  of Disbursement or Obligation	
Purpose of Expenditure TASC - Don't Forget To Vote Postcards - dissemina	ited 8/19/18	Category/ Type 006	M	07 / 26 / 2018	
Name of Federal Candidate:		<b>✗</b> Support	Office Sough	t: X House District: 01	
GERSHON, PERRY, , ,		Oppose	Preside		
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	6807.49	Disbursemen 2018	t For: Primary <b>X</b> General ther (specify) ▶	
Full Name of Payee	,	<b>X</b> Memo		of Public Distribution/Dissemination	
Tri Star Graphics, Inc.		X Iviemo		M / D D / Y Y Y	
Mailing Address B O Bay 470			— L	09 02 2018	
P.O. Box 178			Amour	nt	
City	State	Zip Code	ΗГ:	179.51	
Garden City	NY	11530	<b> </b>	saction ID : SE.5399 of Disbursement or Obligation	
Purpose of Expenditure TASC - Don't Forget To Vote Postcards - disseminated 9/2/18  Category/ Type  O06  O7  O7  O7  O7  O7  O7  O7  O7  O7  O					
Name of Federal Candidate:		<b>✗</b> Support	Office Sough	t: K House District: 01	
GERSHON, PERRY, , ,		Oppose	Preside	ent Senate State: NY	
Calendar Year-To-Date		6807.49	Disbursemen	t For: Primary 🗶 General	
Per Election for Office Sought	7 7	5557.16	<sup>2018</sup>	ther (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ervin, Robert, Francis, ,	[Electronically Fil	ledl –	M M /	01 / 7018	
Signature		Date	11	01 2018	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 69 OF 70
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
Taking Action For Suffolk County				C C00637645
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
E III Nove of Breeze			t Dot	e of Public Distribution/Dissemination
Full Name of Payee Tri Star Graphics, Inc.		<b>✗</b> Memo	item Dat	09 04 2018
Mailing Address P.O. Box 178			Am	ount
City	State	Zip Code	ΗГ	60.64
Garden City	NY	11530		nsaction ID : SE.5400 e of Disbursement or Obligation
Purpose of Expenditure TASC - Don't Forget To Vote Postcards - dissemina	ited 9/4/18	Category/ Type 006	5	07
Name of Federal Candidate:		<b>X</b> Support	Office Sou	ight: X House District: 01
GERSHON, PERRY, , ,		Oppose	Pres	sident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7	6807.49	Disbursem 2018	ent For: ☐ Primary <b>X</b> General  Other (specify) ▶
Full Name of Payee		<b>∡</b> Memo	Item Dat	e of Public Distribution/Dissemination
Tri Star Graphics, Inc.				M 09 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 178			Am	ount
City	State	Zip Code	— г	5.72
Garden City	NY	11530		ansaction ID : SE.5402 e of Disbursement or Obligation
Purpose of Expenditure TASC - Anti Trump Lit - disseminated 9/6/18		Category/ Type 006		07 26 7 2018
Name of Federal Candidate:		Support	Office Sou	ight: 🗷 House District:01
TRUMP, DONALD J, , ,		<b>✗</b> Oppose	Pres	sident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	1 1	6807.49	Disbursem 2018	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	i			0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		•
Ervin, Robert, Francis, ,	[Electronically Fil	ledl –	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 11	01 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 70 OF 70 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
Taking Action For Suffolk County				C C00637645		
				C 000037043		
Check if 24-hour report 48-hour report	New repo	ort Amends repo		/ = M / D = D / Y = Y = Y		
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination		
Tri Star Graphics, Inc.			[	09 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address P.O. Box 178			Amou	unt		
City	State	Zip Code	$-\Gamma$	1701.53		
Garden City	NY	11530		Transaction ID : SE.5391 Date of Disbursement or Obligation		
Purpose of Expenditure TASC - Anti Trump Lit - Liuba - to be recognized as	distributed	Category/ Type 006	_	08 / 08 / 2018		
Name of Federal Candidate:		Support	Office Soug	ht: X House District: 02		
TRUMP, DONALD J, , ,		<b>x</b> Oppose	Presid	NIV.		
Calendar Year-To-Date Per Election for Office Sought	7 I I 7	1701.53	Disburseme	nt For: Primary   General  Other (specify) ▶		
Full Name of Payee	,	Memo		of Public Distribution/Dissemination		
Tull Name of Layee		□ IMEITIO	item Bate	M M / D D / Y Y Y Y		
Mailing Address			L			
			Amou	unt		
City	State	Zip Code	ΗГ.			
			Date	of Disbursement or Obligation		
Purpose of Expenditure		Category/ Type		M = M / D = D / Y = Y = Y		
Name of Federal Candidate:		Support	Office Soug	ht: House District:		
		Oppose	Presid			
Calendar Year-To-Date			Disburseme	nt For: Primary General		
Per Election for Office Sought	77-			Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	·		<b>.</b>	1701.53		
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •			
(c) TOTAL Independent Expenditures			•	27656.22		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized					
Ervin, Robert, Francis, ,	[Electronically Fil	led1	M = M /	DID / YIYIYIY		
Signature	при применти при применения приме	Date	11	01 2018		